

outbreak for their expenses and lost income. The outbreak was traced to contaminated injections of medical steroids made by the now-defunct New England Compounding Center in Framingham. (9/28)

**Nashville Tennessean: 2012 Fungal Meningitis Outbreak: Prosecutors Seek \$73.7M For Outbreak Victims**

Federal prosecutors are asking a judge to approve a \$73.7 million restitution order against the former president of a drug compounding firm, who already is serving a nine year prison sentence following his conviction on racketeering and fraud charges. The motion seeks to have the \$73.7 million distributed to 349 of the victims of the 2012 fungal meningitis outbreak who filed claims with the U.S. Attorney. It includes \$1.9 million requested by insurance companies and medical facilities as reimbursement for drugs purchased from NECC. (Roche, 9/27)

**Iowa Public Radio: Challenges To Providing Safe Drinking Water In The Midwest**  
The Environmental Protection Agency (EPA) says that levels of nitrate in drinking water at or above 10 parts per million are unsafe, particularly for infants, who could develop a potentially fatal blood disorder called "blue-baby" syndrome. The Interim Director for the Center for Health Effects of Environmental Contamination at the University of Iowa, Pete Weyer, says that the latest research shows negative health impacts—particularly cancer—for infants and even adults at a much lower limit. (Woodbury and Kieffer, 9/27)

**Los Angeles Times: Death Toll From San Diego Hepatitis Outbreak Rises To 17, With No Signs Of Slowing**

The death toll in San Diego's hepatitis A outbreak increased Tuesday, and the region's top public health official said she hasn't seen any signs of a slowdown in the public health emergency that has now killed 17 people. Dr. Wilma Wooten said there are 49 suspected hepatitis cases and one death still under investigation. A week ago, there were 44 cases, and the number of investigations has bounced from roughly 30 to 50 at any given time for several months, public health officials said. (Sisson, 9/27)

**Minnesota Public Radio: St. Cloud To Debate Raising Legal Tobacco Age To 21**  
St. Cloud could become the third Minnesota city to make it illegal to sell tobacco to anyone under age 21. The St. Cloud City Council set a public hearing for Nov. 6 on the proposed ordinance, following a study session in October. (Marohn, 9/27)

**The Washington Post: A Woman Survived A Fall Into Hurricane Harvey's Floodwaters — Only To Die Of A Flesh-Eating Infection**

A Texas woman died earlier this month after contracting a flesh-eating infection from floodwaters brought by Hurricane Harvey, according to health officials in Houston. The Houston Chronicle reported that Nancy Reed, 77, of Houston, contracted a dangerous

bacterial skin infection after she fell into dirty floodwater in her son's home, breaking and cutting open her arm. (Bever, 9/27)

The New York Times: 'Flesh-Eating Bacteria' From Harvey's Floodwaters Kill A Woman  
From the moment the waters began rising in Texas last month, disease was on health officials' minds. Floodwaters, after all, are filthy. When Hurricane Harvey finally moved north and the feet of flooding drained, hospitals saw a spike in skin and gastrointestinal infections, but Texans were spared some of the most serious illnesses that contaminated water can spread: cholera, for instance, and typhoid. On Tuesday, however, the Harris County medical examiner's office announced that the death of a 77-year-old woman 11 days earlier had been caused by necrotizing fasciitis: a gruesome and often deadly infection commonly known as flesh-eating bacteria. (Astor, 9/28)

Denver Post: Anti-Vaccine Voices On Twitter Linked To Affluence, Recent Births  
An online chorus voicing anti-vaccine views linking some immunizations to autism has gained momentum via Twitter, a five-year University of Colorado study shows, with most of the negative comments coming from California and several northeastern states — particularly in areas of high affluence and concentrations of new moms. The study used an algorithm to analyze more than a half-million tweets between 2009 and 2015 that mentioned both autism spectrum disorder and vaccines. Although anti-vaccine comments nationally became more common over time, the study notes that this does not measure prevailing attitudes on the subject — though it does suggest that the debate rages on. (Simpson, 9/27)

Detroit Free Press: Michigan Lawmakers Want Reprieve For Medical Marijuana Dispensaries

Medical marijuana dispensaries would be allowed to stay open while the state decides who will get a license for the lucrative cannabis business under a pair of bills to be introduced in the state Legislature. Sen. David Knezek, D-Dearborn Heights, and Rep. Yousef Rabhi, D-Ann Arbor, will introduce the bills in the Senate and House this week to counteract an advisory by the state to dispensaries that they should close before Dec. 15 or risk their chances at getting a license. (Gray, 9/27)

#### WEEKEND READING

### **18. Longer Looks: The Future Of Repeal; Medical Marijuana & Lady Gaga**

Each week, KHN's Shefali Luthra finds interesting reads from around the Web.

### The New Yorker: Is Health Care A Right?

Is health care a right? The United States remains the only developed country in the world unable to come to agreement on an answer. Earlier this year, I was visiting Athens, Ohio, the town in the Appalachian foothills where I grew up. The battle over whether to repeal, replace, or repair the Affordable Care Act raged then, as it continues to rage now. (Atul Gawane, 9/25)

### Vox: How Republicans Could Still Revive Obamacare Repeal After Their September 30 Deadline

Even if the new budget resolution isn't used to revive Obamacare repeal, the GOP could have yet another chance to bring it back — by passing yet another budget with new reconciliation instructions next year. So far from cleanly ending the story of Obamacare repeal, the September 30 deadline will likely only lead to a new period of uncertainty. (Andrew Prokop, 9/26)

### The Atlantic: When Will The Economy Start Caring About Home-Care Work?

Home-health and personal-care work is one of the country's fastest-growing occupational sectors. But it is one marked by low pay and meager benefits, a problem that might become more urgent as the U.S.'s population continues to age. On top of that, care workers face high rates of wage theft, tax and benefits misclassification, and employer fraud, according to a new report from the National Employment Law Project (NELP), a think tank and advocacy organization. (Annie Lowrey, 9/22)

### FiveThirtyEight: The War Over Obamacare May Never End

I don't think the Obamacare wars are over — or even close to over. We tend to think there are only two possible futures for the Affordable Care Act: It remains in place or Republicans in Congress repeal it. But there are really four paths. (Perry Bacon, Jr., 9/22)

### Rolling Stone: Why The GOP Is Pushing For Medical Marijuana Research

Some Utah residents are working overtime to get medical marijuana on the state's ballot next year. They seem to have just gotten a surprising new Republican ally in their effort — Senator Orrin Hatch. (Matt Laslo, 9/22)

### The Atlantic: Lady Gaga's Illness Is Not A Metaphor

The pop star this month informed the world that she suffers from fibromyalgia, which causes chronic muscle pain. In the documentary, she visits the doctor, she curls up on a couch, she cries in agony. On Instagram, she prays while holding a rosary. The caption is a lengthy apology to her fans for having to postpone upcoming performances due to her condition. (Spencer Kornhaber, 9/21)

Vox: Why Puerto Rico's Power Outages Could Prove Very Deadly, In One Chart  
We often take electricity for granted, and don't typically associate it with public health. A lot of the ways they're tied together are hidden. But when the power is out, it becomes painfully clear how much the medical, public health, and sanitation systems rely on the electrical grid to keep people safe and healthy. (Julia Belluz, 9/25)

Politico: Senior Medicine: When 'More' Isn't Better

Dr. George Taler still makes house calls, driving his scuffed green Toyota sedan from one apartment to another, carrying a blue satchel with a laptop, hand sanitizer and a few medical tools. Inside each apartment, he practices medicine with old-fashioned care, spending half an hour with each patient. He takes out a stethoscope, a blood pressure cuff, a pulse oximeter. And if all goes well, when the visit ends, the patient ends up getting less—not more—medical care than if she'd shown up at a medical office. (Art Allen, 9/27)

## EDITORIALS AND OPINIONS

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### **19. Thursday-Morning Quarterbacking: Why The GOP Failed Again To Kill Obamacare And How The ACA Managed To Survive**

Editorial pages continue parsing what happened earlier this week in the Senate when Graham-Cassidy, the most recent GOP repeal-and-replace legislation, failed to garner enough votes for Majority Leader Mitch McConnell (R-Ky.) to bring it to the floor for a vote.

Bloomberg: Seven Reasons Republicans Couldn't Kill Obamacare

First: Voters have feared every attempt by politicians to change their health-care arrangements. That sentiment helped defeat President Bill Clinton's proposed overhaul in 1994. It forced President Barack Obama to devote half his sales job on his health-care law to reassuring people they could keep their doctors and insurance plans. This year, public wariness of change worked against the Republicans. (Ramesh Ponnuru, 9/27)

Vox: Why Obamacare Survived

The secret to Obamacare's persistence is that the American people want the health care system made better — by which they mean they want more people to have affordable health insurance — and Obamacare achieves that goal. By contrast, the

GOP, at every single turn, has offered plans to make the system worse. (Ezra Klein, 9/27)

Bloomberg: Graham-Cassidy's Death Is No Sure Relief

Shares of insurance companies with Obamacare exposure rallied Tuesday on news the Senate will not vote on the Graham-Cassidy bill, the GOP's latest effort to repeal the Affordable Care Act (ACA). But the rally has been small, likely reflecting the fact that the measure's chances of passage were always fairly slim -- and the GOP may not give up on this effort even after another bruising defeat. (Max Nisen, 9/27)

Lexington Herald Leader: Reviled By GOP Right Wing, McConnell Should Try — Gasp! — Working With Democrats

There are other, even better reasons for McConnell to reach across the aisle and engage in — gasp! — bipartisanship: Americans are sick of a Congress that seems incapable of accomplishing anything. McConnell vows to repeal the Affordable Care Act someday but first wants tax reform. There are, however, urgent health-care matters that require bipartisan cooperation. At risk are 27 million Americans — including about 175,000 Kentuckians — who buy their insurance on the individual market or are covered by the Children's Health Insurance Program, plus many more who are partially covered by CHIP. Happily, before everything was stopped to make way for the latest doomed ACA-repeal, Republicans and Democrats were working together to stabilize the individual market and fund CHIP which expires Sept. 30. They were working through committees — the “regular order” that McConnell once promised to restore. Sen. John McCain cited the flouting of Senate order — no hearings, debates or amendments — for his opposition which helped kill his party's health-care bill. (9/27)

Arizona Republic: John McCain Wants To Fix A Senate (And Obamacare) That Doesn't Exist

John McCain is clearly on a mission to redeem the U.S. Senate, to save it from what McCain regards as its wayward ways. But in his announcement of his opposition to Graham-Cassidy, McCain depicts a Senate that is a fantasy. (Robert Robb, 9/27)

Arizona Republic: Doug Ducey Sides With Donald Trump Over Arizonans' Health Care, Jobs

Gov. Doug Ducey appears determined to turn a win-win situation for himself into a lose-lose. He's sticking with his support of the now-failed Graham-Cassidy bill that would have repealed the Affordable Care Act and been a total disaster for Arizona. (EJ Montini, 9/27)

## **20. Tough Talk: 'The Price' Not Right For HHS Secretary; He Should Have To Repay Taxpayers These Funds**

Opinion writers take a harsh look at the expenses Health and Human Services Secretary Tom Price has racked up by flying chartered, rather than commercial, flights. But former HHS Secretary Mike Leavitt offers a defense.

**The Washington Post: Tom Price Should Pay Taxpayers Back**

It's hard to think of someone in Washington these days who might rival Mr. Price for brazen hypocrisy, though, admittedly, the bar is high. This is the very same Mr. Price, remember, who, as a congressman from Georgia for the past 12 years, piously condemned the federal government's "reckless spending." (9/27)

**The Washington Post: Of Course Tom Price Shouldn't Have To Fly Coach!**

For Tom Price, the price is right. The fake-news media is attacking our hard-working secretary of health and human services. First, those losers at Politico reported that Price took \$60,000 in charter flights, including a \$25,000 flight to Philadelphia, apparently at taxpayer expense. Politico pointed out that a train to and from Philly cost \$72. (Dana Milbank, 9/27)

**USA Today: Trump And Tom Price: The Price Isn't Right For HHS Chief's Private Trips**  
Memo to Price: Several airlines fly to Philadelphia, Nashville and Atlanta. If you really want to keep in touch with Americans, you'll meet more of them on commercial flights. ... The underlying principle is simple: Don't waste taxpayer money. "Taxpayers generally should pay no more than necessary for transportation," and non-commercial planes should be used when they are "the most cost-effective mode of travel," say government rules and guidance. (9/27)

**USA Today: Tom Price Isn't Doing An Ordinary Job**

Critics of Health and Human Services Secretary Tom Price have called for the Office of the Inspector General to review his travel arrangements. It's often the case that the allegation makes headlines, but when the issue is investigated, the report indicates proper procedures were followed. Opinion might be more credibly offered after a review is completed. Decisions to use a non-commercial aircraft for government officials cannot be made casually. For each trip, a full analysis is required by law. Before a trip is authorized, multiple government executives must attest to the trip's government purpose and economic justification. (Mike Leavitt, 9/27)

**St. Louis Post-Dispatch: Anti-Wasteful Spending HHS Secretary Tom Price Billed Taxpayers \$400,000 For Private Jets**

During the past five months, as congressional Republicans were making five separate efforts to gut health care for low-income Americans, the man in charge of administering Obamacare was flying around the country on private jets at a cost to taxpayers of more than \$400,000. The “optics in some of this don’t look good,” Health and Human Services Secretary Tom Price conceded to Fox News on Saturday. Indeed, the optics are so bad that the House Oversight Committee has begun an investigation. President Donald Trump, who said Wednesday that he’s “not happy” about the private jet use, is putting distance between himself and Price. (9/28)

## **21. Viewpoints: The Future Of The ER Involves More Than Just Technology; Paying For Care That Is Not Needed**

A selection of opinions on health care from around the country.

**Stat: Looking Beyond Technology To Shape The Future Of Emergency Medicine**  
Not long ago, I attended a lecture given by a highly regarded emergency physician. His talk, “The Future of Emergency Medicine,” focused on how advances in telemedicine will transform emergency care. The following week, as I walked down a corridor at the back of my hospital, I passed seven telemedicine robots, each with a hastily scrawled “Out of Order= 2 note taped to its screen. That captured my uneasy feelings about how interacting with a patient via internet video link would work in the poor neighborhoods served by my emergency department. (Harrison Alter, 9/27)

### **JAMA Forum: The High Costs Of Unnecessary Care**

In a recent study published in PLOS One, researchers surveyed physicians across the United States to ask about their perspectives on unnecessary medical care. These physicians reported that more than 20% of overall medical care was not needed. This included about a quarter of tests, more than a fifth of prescriptions, and more than a 10th of procedures. (Aaron Carroll, 9/27)

### **Stat: 3 Hurdles To Bringing Medical Devices To The U.S. Market**

Medical devices have historically been viewed as having faster and lower-cost paths to market than their pharmacological counterparts: the average cost to develop high-risk, novel medical devices is estimated to be \$94 million. After all, device engineers can leverage lower-cost animal models further into development than their pharmaceutical colleagues, the human clinical trials necessary for FDA approval are often smaller in scale, and, in some cases, expenses can be defrayed by revenue generated outside the United States in markets with faster regulatory pathways. Yet, despite these advantages, the FDA approved only 39 novel devices last year through its premarket

approval process. Why is it so hard to bring a medical device to market in the U.S.?  
(Shantanu Gaur, 9/27)

JAMA: Admitting Elderly Patients To The Intensive Care Unit—Is It The Right Decision?  
One of the most important decisions that a physician makes is whether to admit a patient to the intensive care unit (ICU). ... ICU care is also one of the most expensive, intensive, and intrusive endeavors in health care. Although patients admitted to the ICU account for approximately one-quarter of hospitalized patients, they account for half of total hospital expenditures in the United States .... Furthermore, ICU care can be unnecessary, harmful, or futile. Importantly, the provision of ICU services is increasing. ... An important question is whether this growth in ICU services and beds is necessary to meet the demands of an expanding population of critically ill patients or whether ICU beds are being oversupplied and subsequently are being filled with patients who might be cared for in less-intense settings at lower cost with similar or better outcome. (Derek C. Angus, 9/27)

Sacramento Bee: Record STD Rates Show Need For More Talk About Sex  
In all, more than 2 million Americans were diagnosed last year with a sexually transmitted disease – including chlamydia, the most common. And while the hardest hit states were mostly in the Deep South, where stigmas around sex education and sexual health in general are strongest, some of the biggest statistical surprises were in tolerant, health-conscious California. (9/27)

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**Subject:** Goodbye!  
**Attachments:** IMG\_2029.JPG

Good morning everyone,

Since I started in the House, I've had the Ashbrook Center's pocket Constitution and Declaration perched upon my desk. It's a neat little booklet that also contains Lincoln's Second Inaugural, the Gettysburg Address, and excerpts from some of Thomas Jefferson's letters. I've turned to it many times for inspiration, and occasionally, for work purposes. I carried this same pocket constitution while I was in college, when I was just beginning to understand the depth of meaning contained in our Founding documents.

Now, I am excited to carry this same little booklet back to the Ashbrook Center to embark on a new chapter in my career. With it, I carry back a deeper understanding of the legislative process, and great experiences in politics. It still astounds me that we all have had the opportunity to help make law and improve the lives of 11.5 million people. I'm incredibly grateful for the opportunity to serve the people of Ohio. These experiences will all help me with my new mission of cultivating good civics education in our country through the use of primary source documents.

Better yet, I'll also carry with this little booklet memories and friendships that will last a lifetime. I'll miss the House, but I won't be far away. Feel free to stay in touch. My cell is 419-561-0073 and my personal email is [brossman4913@gmail.com](mailto:brossman4913@gmail.com)

Sincerely,

Brent Rossman  
Legislative Aide  
Representative Wes Goodman  
Ohio House of Representatives  
District 87

*Brent.Rossman@ohiohouse.gov*  
*Office: 614.644.6265*  
*Cell: 419.561.0073*

**From:** Kaiser Health News  
**Sent:** Tuesday, October 3, 2017 7:01 AM  
**To:** Alexander, Steven  
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# **KHN** Morning Briefing

KAISER HEALTH NEWS

**Tuesday, October 03, 2017**

Check Kaiser Health News online for the latest headlines

## **In This Edition:**

### **KAISER HEALTH NEWS ORIGINAL STORIES**

- 1. Hepatitis C Drug's Lower Cost Paves Way For Medicaid, Prisons To Expand Treatment**
- 2. Flat-Fee Primary Care Helps Fill Niche For Texas' Uninsured**
- 3. Political Cartoon: 'Railroaded?'**

### **PUBLIC HEALTH AND EDUCATION**

- 4. For Hospitals Tending To Onslaught Of Shooting Victims It Was 'Worst Moment And Proudest Moment'**
- 5. Mass Shootings Are A 'Serious Public Health Issue,' Doctors Group Says**
- 6. In 2016 Election, Communities With Poor Public Health Tended To Shift Vote To Trump**
- 7. Congress Asked To Overrule Outdated Medicaid Regulation On Funding For Opioid Treatment Centers**
- 8. Big Tobacco To Begin Running Court-Mandated Mea Culpa Ads**

### **ADMINISTRATION NEWS**

- 9. Chatter Over Next HHS Chief Includes A Strident Opponent Of ACA, A Pragmatist And An Obama Holdover**

#### PHARMACEUTICALS

- 10. Gottlieb Says FDA Is Encouraging Production Of Complex Generic Drugs To Bring Down Prices**
- 11. Shire Files Anti-Trust Suit Against Allergan: 'There Was Not A Level Playing Field'**

#### CAPITOL HILL WATCH

- 12. Worried About CHIP Funding Stalled In Congress, State Officials Start Drawing Up Plan Bs**

#### WOMEN'S HEALTH

- 13. Republicans Say That Planned Parenthood Clinics Are Mostly In Urban Areas. That's Not Quite True.**

#### MEDICAID

- 14. Supporters Of Medicaid Expansion In Utah File Initial Paperwork To Get It On The 2018 Ballot**

#### STATE WATCH

- 15. New York Governor, NYC Mayor Bicker Publicly Over Hospital Funding**
- 16. State Highlights: Md. Officials Give Customers Early Look At Exchange Plans; Infants Airlifted To Fla. Hospital After Hurricane**

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#### EDITORIALS AND OPINIONS

- 17. Viewpoints: Placing Blame For Fla.'s Hurricane Nursing Home Deaths; The Problems With Paying Medical Bills**

### **From Kaiser Health News:**

#### KAISER HEALTH NEWS ORIGINAL STORIES

- 1. Hepatitis C Drug's Lower Cost Paves Way For Medicaid, Prisons To Expand Treatment**

The drug, sold under the name Mavyret, can cure all six genetic types of the liver disease in eight weeks at a cost of \$26,400, well below other options. (Michelle Andrews, 10/3)

## **2. Flat-Fee Primary Care Helps Fill Niche For Texas' Uninsured**

Doctors offering this care charge a monthly fee for services that can be handled in the office. But patient advocates warn it is not insurance and offers no coverage for hospital or specialist care. (Charlotte Huff, 10/3)

## **3. Political Cartoon: 'Railroaded?'**

Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Railroaded?'" by Clay Bennett, Chattanooga Times Free Press.

Here's today's health policy haiku:

### **MEDICARE LESSON: BUYER BEWARE**

Heart devices cost  
\$1.5 billion.  
And they didn't work!

- Anonymous

If you have a health policy haiku to share, please Contact Us and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

## **Summaries Of The News:**

PUBLIC HEALTH AND EDUCATION

## **4. For Hospitals Tending To Onslaught Of Shooting Victims It Was 'Worst Moment And Proudest Moment'**

Las Vegas-area hospitals are prepared and well equipped to deal with traumas, but Sunday's mass shooting was unlike any they'd seen before.

#### The New York Times: Controlled Chaos At Las Vegas Hospital Trauma Center After Attack

On Sunday night, Toni Mullan drove 110 miles an hour on side streets from home to get back to University Medical Center of Southern Nevada, where she had just worked a 12-hour shift as a clinical supervisor in the trauma resuscitation department. Her car was smoking as she pulled into a three-hour parking spot close to the trauma center. Ms. Mullan, 54, left her hazard lights blinking as she shut the car door and raced inside. (Fink, 10/2)

The Wall Street Journal: Las Vegas Hospitals Face Range Of Serious Traumas  
Hospitals in Las Vegas are grappling with a range of patient injuries that reflect the chaos of Sunday evening's mass shooting, including horrific gunshot wounds and traumas inflicted as victims tried to flee. Local hospitals called in extra staff as well as medical personnel from a nearby Air Force base to cope with the onslaught, as authorities on Monday reported at least 59 deaths and more than 527 wounded from the tragedy outside the Mandalay Bay Resort and Casino. (Whalen and Caldwell, 10/2)

NPR: Las Vegas Hospitals Call In Reinforcements To Care For Shooting Victims  
Hospitals across the Las Vegas area were inundated Sunday evening when hundreds of people injured in the mass shooting at a country music festival on the Strip arrived at their doors by ambulances and private car. And hundreds of doctors, nurses, and support personnel were called into work to help handle the patients that were lined up in ambulance bays and hallways, officials say. (Kodjak, 10/2)

Modern Healthcare: Hospitals Lean On Practice To Treat Mass Shootings  
Las Vegas hospitals have likely implemented similar emergency preparedness protocols as they treat the roughly 515 people who were wounded Sunday night in the deadliest mass shooting in U.S. history, which has left at least 58 people dead as of Monday afternoon. University Medical Center, the only Level 1 trauma center in Nevada, has treated 104 individuals who were wounded when a lone gunman opened fire on a concert crowd on the Las Vegas strip. More than 30 patients were treated in the free-standing trauma center approximately 6 miles from the country music festival's location. Four patients were pronounced dead at the facility, UMC spokeswoman Danita Cohen told the media. (Castellucci, 10/2)

Modern Healthcare: Hospital Emergency Rooms Saw More Than 700,000 Shooting Victims Last Decade

As hospitals in Las Vegas deal with hundreds of shooting victims, a new study finds

that gun violence sent more than 700,000 patients to emergency rooms in less than a decade. Those visits resulted in nearly \$25 billion spent in healthcare over that period. Local officials reported that hospitals in Las Vegas were treating 515 casualties and that 58 people were dead after a gunman opened fire from the 32nd floor of the Mandalay Bay Resort Hotel late Sunday night. Firearm-related injuries accounted for 25.3 emergency department visits for every 100,000 people between 2006 and 2014, according to an analysis of government data published Monday in Health Affairs and released to the press on an embargo before Sunday's shooting. (Johnson, 10/2)

**Kansas City Star: Las Vegas Shooting Prompts Question: Is Kansas City's Health System Ready?**

No individual ambulance service or hospital in the Kansas City metro area could handle the aftermath of a mass shooting on the scale of what happened in Las Vegas Sunday night, where more than 50 people were killed and more than 500 were injured. (Marso, 10/2)

**The Baltimore Sun: Shot At Las Vegas Concert, Arundel High Grad Loses Eye, Remains In Coma**

When a lone gunman with automatic rifles opened fire on the crowd below, Tina Frost, a 2008 graduate of Arundel High, was among the more than 520 people wounded early Monday morning in the deadliest mass shooting in modern U.S. history. Fifty-nine people were killed. Late Monday, Becky Frost said her 27-year-old sister had lost her right eye and was in a Las Vegas intensive care unit after a two-hour surgery. (Cox, 10/2)

## **5. Mass Shootings Are A 'Serious Public Health Issue,' Doctors Group Says**

The American College of Physicians is calling on Congress to address the issue immediately. But while Democrats are calling for gun control action in the wake of the Las Vegas shooting, Republicans have been quiet on the issue.

**The Hill: Leading Doctors Group Calls For Automatic Weapons Ban After Las Vegas Shooting**

The American College of Physicians issued a statement Monday labeling mass shootings a "serious public health issue" and calling for a ban on automatic and semiautomatic weapons in the wake of the mass shooting in Las Vegas. "We must acknowledge that lack of a U.S. policy to address gun violence is the reason we have much higher rates of injuries and deaths from firearms violence than other countries,"

the group said in a statement. Specifically, we call for a ban on the sale and ownership of automatic and semiautomatic weapons." (Carter, 10/2)

Reuters: After Las Vegas Massacre, Democrats Urge Gun Laws; Republicans Silent Sunday's massacre in Las Vegas spurred a ritual-like response from U.S. politicians following the mass shootings that have left a trail of victims across the country: Democrats renewed demands for tougher gun laws while Republicans offered up prayers but showed no signs of supporting such legislation. (Cowan, Cornwell, Holland and Tuppper, 10/2)

And —

Los Angeles Times: GOP Still Plans To Vote On NRA-Backed Legislation That Eases Gun Restrictions

Congress has been unable, or unwilling, to approve gun control legislation after recent mass shootings — including one targeting lawmakers playing baseball — and it is unlikely to consider new bills after the attack in Las Vegas. To the contrary, House Republicans are on track to advance legislation easing firearms rules, including a package of bills backed by the National Rifle Assn. that would make it easier to purchase silencers. (Mascaro, 10/2)

## **6. In 2016 Election, Communities With Poor Public Health Tended To Shift Vote To Trump**

Some experts warn not to read too much into the study, which could be a result of too much data dredging. But the authors say it makes sense.

Stat: In Sicker Communities, Trump Got More Votes. Is That Why He Won? The worse a community's health the more strongly its voters backed Donald Trump in the 2016 election compared to their support for Mitt Romney, the 2012 Republican presidential nominee, researchers reported on Monday. The findings suggest that public health "might influence" how people vote, said Dr. Jason Wasfy of Massachusetts General Hospital, who led the study, which looked at factors such as death rates, diabetes prevalence, and teen pregnancy. "The communities that shifted from Romney to Trump in general have worse public health." (Begley, 10/2)

Bloomberg: Study Finds Poor Health Tied To Votes For Trump In 2016 Election Everybody has a theory about how Donald Trump defied the polls and won the U.S. presidential election. The latest: health. There is a "substantial association" between measures of poor public health and shifts toward Trump in last November's balloting, from voting patterns in the 2012 election, according to a paper

from researchers at Massachusetts General Hospital at Harvard Medical School and the Massachusetts Institute of Technology's Department of Political Science, published Monday in the journal PLOS ONE. (Shanker, 10/2)

## **7. Congress Asked To Overrule Outdated Medicaid Regulation On Funding For Opioid Treatment Centers**

Only smaller facilities qualify for Medicaid payments under a 1965 law that was intended to break up large, state-run mental asylums, but state attorneys general are asking Congress, in the midst of a crisis, to expand that. In other news, the National Institutes of Health, noting a lack of evidence on the issue, will begin to study opioids' effects on babies.

The Associated Press: State Attorneys General Seek More Beds For Drug Treatment  
A bipartisan coalition of state attorneys general on Monday called on Congress to allow Medicaid funding to flow to larger drug treatment centers, potentially expanding the number of addicts who can get help as the nation grapples with an overdose crisis. The government lawyers for 38 states and Washington, D.C., sent a letter to congressional leaders requesting the change. They say it's needed to help fight the opioid abuse and overdose epidemic, which continues to claim tens of thousands of lives a year. (Mulvihill, 10/2)

The Hill: NIH To Study Babies Affected By Opioids

The National Institutes of Health is funding a new study on babies born with opioid withdrawal syndrome, a side effect of the nation's epidemic of prescription painkillers and heroin. The number of newborns with this syndrome has increased in recent years, yet there's a lack of standard, evidence-based treatments for providers, according to an NIH press release announcing the new study on Monday. (Rouben, 10/2)

In other news from the states —

The Wall Street Journal: New Jersey Cracks Down On Drug Dealers For Opioid Deaths  
Less than four months after New Jersey resident MaryAnn McKinnon died of an overdose, police arrested the man accused of selling the opioids that killed her. Cleveland Spencer, 26, of Paterson, N.J., was charged in late September with four drug offenses, the most serious of which was a felony alleging he sold the drugs that resulted in Ms. McKinnon's death. (King, 10/2)

Cleveland Plain Dealer: MetroHealth Receives \$1.9M Grant To Increase Naloxone Distribution By Law Enforcement

With the help of a new \$1.9 million federal grant, the MetroHealth System aims to



ensure that at least 95 percent of law enforcement agencies across Cuyahoga County carry and distribute the opioid overdose-reversal drug naloxone by January of 2019. (Zeltner, 10/2)

## **8. Big Tobacco To Begin Running Court-Mandated Mea Culpa Ads**

"Altria, R.J. Reynolds Tobacco, Lorillard, and Philip Morris USA intentionally designed cigarettes to make them more addictive," one ad will say. Another reads: "More people die every year from smoking than from murder, AIDS, suicide, drugs, car crashes, and alcohol, combined." In other public health news: the importance of body clocks, help getting sober and children with anxiety.

The Wall Street Journal: Big Tobacco To Spend Millions On Self-Critical Ads In U.S. Broadcast television networks and metro newspapers are about to get a boost from an unexpected but familiar source: Big Tobacco. It's an old media buy to resolve an old fight. Starting as soon as next month, Altria Group Inc. and British American Tobacco PLC will begin running court-mandated ads to put to rest a lawsuit brought nearly two decades ago by the U.S. Department of Justice over misleading statements the industry had made about cigarettes and their health effects. (Maloney, 10/3)

Richmond Times-Dispatch: Altria, Other Tobacco Companies Will Run 'Corrective Statements,' Starting In November

Starting in advertisements in late November, Henrico County-based Altria Group Inc. and other major U.S. cigarette companies will publish a series of statements about the health risks of smoking. The court-ordered "corrective statements" are set to run on television and in newspapers as part of an agreement reached in an 18-year-old federal lawsuit that accused cigarette-makers of deceiving the public. (Reid Blackwell, 10/2)

NPR: Messing With Our Body Clocks Causes Weight Gain And Diabetes

Research that helped discover the clocks running in every cell in our bodies earned three scientists a Nobel Prize in medicine on Monday. "With exquisite precision, our inner clock adapts our physiology to the dramatically different phases of the day," the Nobel Prize committee wrote of the work of Jeffrey C. Hall, Michael Rosbash and Michael W. Young. "The clock regulates critical functions such as behavior, hormone levels, sleep, body temperature and metabolism." (Aubrey, 10/2)

The Associated Press: Trying To Get Sober? NIH Offers Tool To Help Find Good Care  
The phone calls come — from fellow scientists and desperate strangers — with a single question for the alcohol chief at the National Institutes of Health: Where can my loved one find good care to get sober? Tuesday, the government is releasing a novel online

tool to help 50 directories of alcohol treatment providers paired with key questions patients should ask for a better shot at high-quality care. (Neergaard, 10/3)

NPR: For Children With Severe Anxiety, Medication Plus Therapy Work Best  
Teens and children struggling with anxiety are often prescribed medication or therapy to treat their symptoms. For many, either drugs or therapy is enough, but some young people can't find respite from anxious thoughts. For them, a study suggests that using both treatments at once can help. The study, published in the Journal of Clinical Child & Adolescent Psychology on Monday, analyzed data from a large clinical trial of 488 people ages 7 to 17 diagnosed with anxiety disorders. The trial compared therapy, an anti-depressant called sertraline (brand name Zoloft), the combination of both, and a placebo. Pfizer, which manufactures Zoloft, donated both the sertraline and the placebo pills to the study. (Chen, 10/2)

#### ADMINISTRATION NEWS

### **9. Chatter Over Next HHS Chief Includes A Strident Opponent Of ACA, A Pragmatist And An Obama Holdover**

Centers for Medicare & Medicaid Services Chief Seema Verma and Food and Drug Administration Commissioner Scott Gottlieb are two of the top names that keep coming up. But others -- like Veterans Affairs Secretary David Shulkin and former Louisiana Gov. Bobby Jindal -- are also in the mix.

The Hill: Price Resignation Sets Off Frenzy Of Speculation Over Replacement  
The resignation of embattled Health and Human Services Secretary Tom Price for using of private jets for government travel is setting off a frenzy of speculation about who will replace him. While it's still early, health policy insiders see two current officials as perhaps the most likely candidates: Centers for Medicare and Medicaid Services Administrator Seema Verma and Food and Drug Administration (FDA) Commissioner Scott Gottlieb. (Sullivan, 10/3)

Modern Healthcare: Conservatives Put Gottlieb, Jindal At Top Of List To Head HHS  
Exactly how long Dr. Don Wright occupies the top spot at HHS is anyone's guess, but conservative policy insiders have wasted little time in compiling a wish list of candidates to become the department's next permanent secretary. Wright was temporarily anointed to the post when Dr. Tom Price abruptly resigned late last week. As Congress struggled to repeal the Affordable Care Act, hope has fallen on HHS as the avenue from which conservative healthcare reform will take place. Besides overseeing a

department that accounts for nearly one-quarter of all federal spending, the secretary has tremendous latitude in shaping program under the ACA. (Dickson, 10/2)

Politico Pro: Why Price's Conservative Imprint On HHS Is Likely To Endure  
Tom Price may be gone as HHS secretary, but his efforts to put a conservative stamp on the \$1.1 trillion agency, from promoting faith groups to scrapping Obamacare implementation, are likely to move forward without him. A "draft strategic plan" for HHS, published before Price resigned last week, references "faith" or "faith-based" organizations more than 40 times in its five-year statement of priorities. (Demko, Pittman and Ehley, 10/2)

## PHARMACEUTICALS

### **10. Gottlieb Says FDA Is Encouraging Production Of Complex Generic Drugs To Bring Down Prices**

The head of the Food and Drug Administration says in a blog post that his agency will provide guidance to drugmakers on how to win approvals for these medications that are especially hard to make. In congressional testimony, he also says the agency supports "right-to-try" legislation that allows people with serious illnesses access to experimental drugs, but he would like the measure to apply only to people with terminal diseases.

The Associated Press: FDA Acts To Encourage Generic Competition For Complex Drugs

The U.S. Food and Drug Administration is opening a new front in its efforts to reduce high drug prices by encouraging development of generic versions of hard-to-make medicines. Complex drugs and drug-device combinations generally are very expensive and some are widely used. Often, they don't get generic competition right after their patent expires, as happens routinely with pills. (Johnson, 10/2)

The Hill: FDA Chief Says Agency Will Take Action To Lower Drug Prices

The Food and Drug Administration will take action to deal with the rising cost of prescription drugs, the agency's head said on Monday. FDA Commissioner Scott Gottlieb said high drug prices are "a public health concern that FDA should address." (Weixel, 10/2)

Politico Pro: FDA Chief Recommends Changes To 'Right To Try'

FDA Commissioner Scott Gottlieb in prepared congressional testimony for Tuesday morning notes the White House supports broadening patient access to experimental

medicines via "right to try legislation," but he also suggests ways to narrow the Senate-passed bill so it would apply only to patients with terminal illness. (Karlin-Smith, 10/2)

## **11. Shire Files Anti-Trust Suit Against Allergan: 'There Was Not A Level Playing Field'**

Shire says it offered discounts to Medicare Part D plans, but the program refused due to Allergan's "bundled discounts, exclusive dealing" and other tactics.

The Wall Street Journal: Shire Alleges Allergan Blocked Drug From Medicare Contracts  
Shire PLC filed an antitrust suit against Allergan PLC, alleging Allergan's contracts with Medicare Part D drug plans for its Restasis eye drops effectively blocked access to Shire's rival drug. The complaint, filed Monday in federal court in Newark, N.J., says Shire offered steep discounts in bids to secure insurance coverage of the company's dry-eye drug Xiidra but the Part D plans refused, due to Allergan's "bundled discounts, exclusive dealing" and other tactics. (Rockoff, 10/2)

Stat: The U.S. Would Pay An Extra \$10.7 Billion Without Generic Allergan Drug  
Ever since Allergan (AGN) struck an unusual deal last month to sell patents for the Restasis eye treatment to a Native American tribe, the drug maker has been accused of using a clever legal tactic to forestall low-cost generic competition to a big-selling product. Now, one organization is attempting to quantify the potential cost to the U.S. health care system, and the number is a whopper — Americans would pay an extra \$10.7 billion if a generic version of Restasis is unavailable between 2018 and 2024, when the existing patents on the medicine are due to expire. (Silverman, 10/2)

### **CAPITOL HILL WATCH**

## **12. Worried About CHIP Funding Stalled In Congress, State Officials Start Drawing Up Plan Bs**

Although Congress missed a deadline to renew funding for the popular program that provides health care for children, money won't run out for the states until the end of the year. Officials, however, are already concerned about the impact the uncertainty of it all will have.

Politico: States Rush To Preserve Children's Health Coverage

States are scrambling to shore up the government health insurance program that covers 9 million low-income kids after Congress failed to meet the deadline to renew its funding over the weekend. A number of state officials are looking for ways to keep their

programs afloat, hoping Congress will approve money for the federal Children's Health Insurance Program before they have to cut off coverage. (Ehley, 10/2)

#### The Washington Post: House Republicans Propose Puerto Rico Funding As Part Of CHIP Bill

Republicans on a leading House health-care committee are proposing to send \$1 billion in extra Medicaid funding to Puerto Rico as it deals with severe hurricane damage, as part of a five-year plan to fund the federal health insurance program for children. The proposal from the House Energy and Commerce Committee, provided Monday night to The Washington Post, would be paid for with a bucket of items, including raising Medicare rates for wealthier seniors, redirecting dollars from the Affordable Care Act's prevention fund and shortening a grace period for enrollees who don't pay their premiums. (Winfield Cunningham, 10/2)

#### The Philadelphia Inquirer/Philly.com: Q & A: Congress Let The Children's Health Insurance Program Expire. What Now For Pa. And N.J. Kids?

The picture varies from state to state, depending on local support. However, a New Jersey state human services agency spokeswoman said benefits for Garden State children should be covered until sometime this spring. Pennsylvania was one of 10 states national experts thought might run out of funds by end of this year. However, according to a state human services spokeswoman, coverage for Pennsylvania's children should be secure until February 2018. (Giordano, 10/3)

#### Denver Post: Congress Doesn't Renew Federal Program, Putting Health Coverage Of 75,000 Colorado Children In Jeopardy

Congress just let expire federal funding for a program that provides low-cost health insurance to 9 million children, at least 75,000 of whom live in Colorado. Colorado officials said they still have enough unspent federal aid to continue the program through the end of January, but if the program is not renewed by then many children will not be able to see their doctor or get their immunizations. The Children's Health Insurance Program also currently provides insurance to 800 pregnant women in Colorado, state officials said. (Osher and Matthews, 10/2)

#### Texas Tribune: Almost 400,000 Texans' Insurance At Risk After Congress Fails To Renew CHIP

Insurance coverage for more than 390,000 Texas children and pregnant women is in jeopardy after Congress failed to renew authorization for a federal program. Congressional authorization for the Children's Health Insurance Program, which provides low-cost health insurance for children from low- and middle-income families, expires Sept. 30. (Choi and Livingston, 10/2)

## WOMEN'S HEALTH

### **13. Republicans Say That Planned Parenthood Clinics Are Mostly In Urban Areas. That's Not Quite True.**

Roughly half of the organization's clinics are located in areas that are rural, or are federally designated as medically underserved or health professional shortage areas. In other women's health news: a conservative group urges Congress to vote on a bill to ban abortions after 20 weeks, an appeals court has a change of heart about Missouri abortion restrictions, and more.

The Washington Post: Are Most Planned Parenthood Clinics In Urban Areas Where Women Have Adequate Access To Care?

With the House planning to vote Oct. 3 on an antiabortion bill, we dug into this common talking point by opponents of abortion rights. During a recent health-care debate on CNN, a woman asked about the provision in the Senate's most recent Affordable Care Act repeal bill that would restrict federal funding to Planned Parenthood. The woman said a Planned Parenthood cancer screening in her mid-20s found ovarian cysts and benign tumors, and criticized the bill for blocking health care for women, "especially for those who live in the many parts of this country that are not served by community health centers." (Lee, 10/3)

The Hill: Heritage To 'Key Vote' 20-Week Abortion Bill

An influential conservative group is pushing House Republicans to vote in favor of a bill that would ban abortions after 20 weeks. Heritage Action for America said it will "key vote" the "Pain-Capable Unborn Child Protection Act," which comes up for a vote in the House Tuesday. The bill, sponsored by Rep. Trent Franks (R-Ariz.), would make it a crime to perform or attempt an abortion after 20 weeks of pregnancy. Penalties would include a fine, up to five years in prison, or both. (Hellmann, 10/2)

KCUR: Federal Appeals Court Changes Mind And Blocks Missouri Abortion Restrictions

There was another twist Monday in the roller-coaster case brought by Planned Parenthood seeking to block two Missouri abortion restrictions. After a federal appeals court last month decided to lift an injunction blocking the restrictions from taking effect, the same court has now had a change of heart. In a one-sentence order Monday afternoon, five of the nine judges on the 8th U.S. Circuit Court of Appeals decided to leave the injunction in place after all. (Margolies, 10/2)

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**Boston Globe: Mass. Insurers To Back Free Birth Control Legislation**

Massachusetts health insurers and reproductive rights advocates have negotiated a compromise bill that would protect free birth control coverage even if the Trump administration strikes that requirement from federal law, as expected. (Ebbert, 10/3)

**KCUR: As Rural Counties Lose Obstetrics, Women Give Birth Far From Home**

Pemiscot is part of a trend in obstetrics unit closures. According to research published this month in Health Affairs, 179 rural hospitals closed their obstetrics units between 2004 and 2014. Katy Kozhimannil, director of research at the University of Minnesota's Rural Health Research Center, which conducted the study, says there are many reasons rural delivery units become too costly to keep around. Medicaid, for example, pays hospitals much less for child delivery than private insurance does. And Medicaid pays for more than half of all rural births — compared to about 40 percent in urban parts of the United States. (Sable-Smith, 10/2)

**MEDICAID**

**14. Supporters Of Medicaid Expansion In Utah File Initial Paperwork To Get It On The 2018 Ballot**

If the wording for the referendum passes muster, the supporters must still hold public hearings and gather 113,000 signatures to put the measure before the voters.

**Deseret News: Full Medicaid Expansion A Step Closer To Being Decided By Utah Voters**

Supporters of full Medicaid expansion in Utah officially filed an application Monday at the state Capitol to take the issue to voters in 2018. The campaign, Utah Decides Healthcare, is pushing for Medicaid eligibility for tens of thousands of Utahns who do not qualify for all-important tax credits on health insurance plans offered on the federal exchange. (Lockhart, 10/2)

**Salt Lake Tribune: Backers File Paperwork To Put Utah Medicaid Expansion On 2018 Ballot**

The measure would fully expand Medicaid to low-income individuals and family that currently earn too much to qualify yet not enough to afford other coverage under the Affordable Care Act, also known as Obamacare. If Lt. Gov. Spencer Cox approves the initiative's wording, the campaign must then hold seven public hearings across the state and collect more than 113,000 signatures from registered voters to earn a spot on the November 2018 ballot. (Gifford, 10/2)

## STATE WATCH

### **15. New York Governor, NYC Mayor Bicker Publicly Over Hospital Funding**

Congress let payments to Disproportionate Share Hospital expire on Sunday, which results in about a \$1.1 billion loss for New York's neediest hospitals. Gov. Andrew Cuomo and New York City Mayor Bill de Blasio's office took to Twitter to air grievances over funding for the city's municipal public hospital system.

**The New York Times: With Federal Cuts To Hospitals, Cuomo Suggests New York City Step Up**

After weeks of warning about its possible consequences, a federal cut to New York's hospitals took effect on Sunday, adding stress to the state's already overworked public health care system. The cut came as a result of a lack of action by Congress on so-called Disproportionate Share Hospital payments, known as D.S.H., which are federal funds that help hospitals cover the cost of serving poor and uninsured patients. Under the Affordable Care Act, those funds were supposed to be reduced as more patients received insurance coverage. (McKinley, 10/2)

In other hospital news —

**Stat: Texas Hospitals Feeling The Long-Term Financial Strains Of Harvey**

Texas hospitals canceled surgeries, evacuated patients, and closed for days because of Hurricane Harvey. They sank millions of dollars into not caring for patients as a measure of precaution. More than a month after Harvey made landfall, administrators at the roughly two dozen hospitals that evacuated in the eastern part of the state have now reopened their doors to patients. But some may feel the financial burdens of the storm for months to come — both caring for more patients who can't afford treatment, while also seeing patients postpone the more lucrative elective surgeries that are many hospitals' moneymakers. (Blau, 10/3)

**The Philadelphia Inquirer/Philly.com: Why Five Philly-Area Hospitals Lost In-Network Status With IBC Plans**

Independence Blue Cross' contract offer to Tower Health on Friday, the day Tower completed its acquisition of Brandywine Hospital, Chestnut Hill Hospital, Jennersville Regional Hospital, Phoenixville Hospital, and Pottstown Memorial Medical Center, contained what was effectively a poison pill, Clint Matthews, president and chief executive of Tower Health, said Monday. "The issue that has come between us is the



clause that we would not compete with a health plan” in territory served by IBC, Matthews said. (Brubaker, 10/2)

Boston Globe: Federal Probe Found Lapses At Psychiatric Hospitals  
The federal government threatened to stop Medicare payments to three Massachusetts psychiatric hospitals last month, citing safety lapses that caused two mentally ill patients to go without critical medicines for days. One of the patients had a seizure and fell, suffering a traumatic head injury, as a result. (Kowalczyk, 10/3)

## **16. State Highlights: Md. Officials Give Customers Early Look At Exchange Plans; Infants Airlifted To Fla. Hospital After Hurricane**

Media outlets report on news from Maryland, Florida, Texas and Georgia.

The Baltimore Sun: Maryland Health Exchange Opens Website For Browsing Plans  
With consumers facing a shorter period to enroll in health insurance under the Affordable Care Act, Maryland health exchange officials have opened their online marketplace so residents can get an early look at the costs of plans, which are expected to be higher this year. Open enrollment starts Nov. 1 and lasts until Dec. 15 — 45 days down from three months last year. ...About 150,000 Marylanders bought private plans last year through the exchange and others bought directly from insurers, mostly people who do not get insurance through their employers. Many more enrolled in Medicaid, the federal insurance program for low-income residents, which was expanded under the health law. (Cohn and McDaniels, 10/2)

Miami Herald: Infants From Puerto Rico Get Heart Surgery At Nicklaus Children's  
Three of the smallest and most frail Puerto Ricans made it through the worst of Hurricane Maria hunkered down in a hospital where the windows shattered, the water rushed in, and the power went out. It was the aftermath that nearly killed them — and the serendipity of professional networking that rescued the three newborns from the storm-wracked island, and brought them to Miami's Nicklaus Children's Hospital for emergency heart surgeries within 48 hours of the hurricane's landfall in Puerto Rico. (Chang, 10/2)

Kaiser Health News: Flat-Fee Primary Care Helps Fill Niche For Texas' Uninsured  
Darrell Kenyon had been punting for years on various medical issues — fatigue, headaches, mood swings. The 43-year-old uninsured carpenter was particularly worried about his blood pressure, which ran high when he checked it at the grocery store. Then he heard about a different type of physician practice, one that provided regular primary care for a monthly fee. (Huff, 10/3)

Nashville Tennessean: Florida Medical Call Center Operator Bringing 200 Jobs To Spring Hill

A Florida-based provider of medical answering services plans this month to open a location in Spring Hill that will house roughly 200 call center agents and triage nurses. The 15,000-square-foot facility at the Workforce Development & Conference Center at Northfield will be the third business location for Delray Beach-based Call 4 Health, which also operates a call center in Linthicum Heights, Maryland. (Ward, 10/2)

Atlanta Journal-Constitution: Atlanta Mayor Kasim Reed Said He Will Review New Pot Legislation

Atlanta Mayor Kasim Reed said late Monday he will review and sign new legislation that changes penalties on possession of small amounts of marijuana. ...The Atlanta City Council on Monday passed legislation that reduces the penalty for possessing an ounce or less of pot in the city from \$1,000 to \$75 and eliminates jail time under those circumstances. (Stafford, 10/2)

Miami Herald: Medical Marijuana Grower Pushes Florida To Set Rules For Edibles  
One of the state's largest cultivators and distributors of medical marijuana is pushing the Florida Department of Health to set rules that would allow thousands of cannabis patients to eat their medicine. (Smiley, 10/2)

## EDITORIALS AND OPINIONS

### **17. Viewpoints: Placing Blame For Fla.'s Hurricane Nursing Home Deaths; The Problems With Paying Medical Bills**

A selection of opinions on health care from around the country.

Miami Herald: Negligence - Yes, But Also Legislative Cowardice To Blame For Nursing Home Deaths

It's not a mere oversight that Florida nursing homes and assisted-living facilities aren't required to have generators for air-conditioning units. That's how the industry wanted it. Generators, as you know, are expensive. And it's not as if lawmakers didn't comprehend that a massive hurricane blackout might expose ailing seniors to life-threatening heat and dehydration. Everyone knew, but few had the spine to take on the Florida Health Care Association, the powerful nursing-home lobby. Some tried, though. An autopsy of their past efforts was depressingly recounted in The Herald following the tragedy in Hollywood Hills. (Carl Hiaasen, 9/29)

**From:** Kaiser Health News  
**Sent:** Tuesday, October 17, 2017 3:35 AM  
**To:** Alexander, Steven  
**Subject:** KHN First Edition: October 17, 2017

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# **KHN** First Edition

**KAISER HEALTH NEWS**

**Tuesday, October 17, 2017**

Check Kaiser Health News online for the latest headlines

Today's early morning highlights from the major news organizations.

## **Kaiser Health News: On Back Roads Of Appalachia's Coal Country, Mental Health Services Are As Rare As Jobs**

Every other month, Tanya Nelson travels 32 miles from the heart of Appalachia's coal country for an appointment with the nearest psychiatrist for therapy and to renew prescriptions. But the commute, which should take less than an hour through the winding mountain roads of southern West Virginia, consumes her entire day. Nelson, 29, needs treatment for bipolar disorder, depression and anxiety. But she does not drive, so she must use a van service to keep her appointments. It makes numerous stops along the highway, picking up other travelers, and usually doesn't return to her home in New Richmond, W.Va., until day's end. (Connor, 10/17)

## **Kaiser Health News: Cascade Of Costs Could Push New Gene Therapy Above \$1 Million Per Patient**

Outrage over the high cost of cancer care has focused on skyrocketing drug prices, including the \$475,000 price tag for the country's first gene therapy, Novartis' Kymriah, a leukemia treatment approved in August. But the total costs of Kymriah and the 21 similar drugs in development — known as CAR T-cell therapies — will be far higher than many have imagined, reaching \$1 million or more per patient, according to leading cancer experts. The next CAR T-cell drug could be approved as soon as November. (Szabo, 10/17)

## **Kaiser Health News: Want An IUD? Take Note Of Trump's New Birth Control Policy.**

The Trump administration's recently announced changes to health insurance rules have raised concerns among people wondering how they'll be affected. This week, I address some of the questions likely on people's minds. (Andrews, 10/17)

### **Kaiser Health News: A Few Pointers To Help Save Money And Avoid The Strain Of Medicare Enrollment**

Older or disabled Americans with Medicare coverage have probably noticed an uptick in mail solicitations from health insurance companies, which can mean only one thing: It's time for the annual Medicare open enrollment. Most beneficiaries have from Oct. 15 through Dec. 7 to decide which of dozens of private plans offer the best drug coverage for 2018 or whether it's better to leave traditional Medicare and get a drug and medical combo policy called Medicare Advantage. (Jaffe, 10/17)

### **California Healthline: Governor Inks Support For Some Key Health Bills, Nixes Others**

Wielding his pen, Gov. Jerry Brown has reinforced the Affordable Care Act, stood up to pharmaceutical companies and boosted testing for childhood lead poisoning. Facing a Sunday deadline to approve or reject measures passed by the legislature this year, Brown weighed in on some key health care bills, including measures to protect Californians who buy insurance for themselves. (Bartolone and Ibarra, 10/16)

### **Reuters: Trump Declares Obamacare 'Dead,' Urges Democratic Help For Short-Term Fix**

U.S. President Donald Trump on Monday declared Obamacare "dead" and "gone," but urged Republicans and Democrats in Congress to craft a short-term fix of healthcare markets under the 7-year-old law that critics say he has effectively sabotaged. "It's dead. It's gone. It's no longer - you shouldn't even mention. It's gone," Trump said of former Democratic President Barack Obama's signature 2010 healthcare law that Republicans have repeatedly tried and failed to repeal. (10/16)

### **Los Angeles Times: Trump Calls For Short-Term Obamacare Fix And Reaches Out To Republican Leaders**

President Trump threw his weight Monday behind a measure to fix parts of Obamacare, the first time he has voiced approval of a specific legislative approach to do so and an abrupt turnaround on a bipartisan effort to preserve key elements of the healthcare system that he has sought to repeal. Trump's backing of what he repeatedly referred to as a "short-term fix" to ensure "good healthcare" came during freewheeling remarks in which he sought to mend relations with GOP leaders, even as he kicks a growing list of complicated issues to Congress, including immigration and the Iran nuclear deal. (Mascaro and Bierman, 10/16)

### **Politico: Trump Said To Want Bipartisan Senate Obamacare Deal**

President Donald Trump urged Republican Sen. Lamar Alexander to seek out an Obamacare deal with Democrats — encouragement that might help sway Republicans who are skeptical of a bipartisan agreement. Alexander said Trump told him by phone Oct. 14 he'd like to see a bill that funds the Obamacare cost-sharing subsidies that he abruptly cut off last week. In return, he wants to see "meaningful flexibility for the states in providing more choices," Alexander (R-Tenn.) said. (Haberhorn, 10/16)

### **The Washington Post: Two Swing-State Democrats Offer Middle Ground On Health Care**

A pair of swing-state Democrats are offering new legislation that would create Medicare-style options for non-elderly workers, with a heavy focus on rural areas that have few insurers offering coverage under the Affordable Care Act. The proposal, from Sens. Michael F. Bennet (Colo.) and Tim Kaine (Va.), is politically significant because it tries to build on the existing law rather than the tear-it-all-down proposal of a national health-care system that is being offered by Sen. Bernie Sanders (I-Vt.). (Kane, 10/16)

### **The Wall Street Journal: Health Troubles Put Pressure On GOP's Slim Vote Margins**

Mississippi GOP Sen. Thad Cochran's absence from Washington this week highlighted the hurdles Senate Republican leaders face with a razor-thin majority and a group of older lawmakers with recurring health concerns. Mr. Cochran, 79 years old, had been expected to return to Capitol Hill this week after recovering in Mississippi from prostate surgery and ensuing complications. But he extended his leave Monday for an indefinite period. (Peterson and Andrews, 10/16)

### **The Hill: Tough Decisions Loom For Dems On ObamaCare**

Congressional Democrats have to decide how badly they want an ObamaCare deal. Senate Republicans are open to renewing the insurer payments that President Trump canceled last week, but, in return, they want to expand a program that allows states to waive Affordable Care Act regulations. That asking price could be hard for Democrats to swallow. (Sullivan, 10/17)

The New York Times: Deep In Trump Country, A Big Stake In Health Care  
Marjorie Swanson was the first in the family to get a job at Baxter Regional Medical Center after moving to this rural Ozark town from Chicago's South Side in 1995. A year later, her husband was hired by the maintenance department. Six months ago, their daughter snagged a job as a pharmacy technician and shares the night shift with her fiancé, who works in housekeeping. Their son started in 2013 as a biomedical technician, repairing medical equipment. He was introduced to his wife by two nurses

there: one who is now his mother-in-law and Beverly Green, an aunt through marriage. (Cohen, 10/16)

**The Wall Street Journal: In Maine, Medicaid Expansion Goes Before The Voters**

As the Trump administration takes steps to weaken provisions of the Affordable Care Act, voters in Maine are being asked whether the state should embrace a central plank of the 2010 law. The November statewide ballot measure proposes the state accept enhanced federal funding available under the health law to extend Medicaid health benefits to low-income adults, over the strong opposition of the state's Republican governor, Paul LePage. Mr. LePage argues that the expansion would deplete state coffers. (Levitz and Hackman, 10/16)

**The Associated Press: Trump Raises Possibility Of Withdrawing Drug Czar Nominee**

President Donald Trump on Monday raised the possibility of withdrawing his nomination of Republican Rep. Tom Marino to be the nation's drug czar following reports that the lawmaker played a key role in passing a bill weakening federal authority to stop companies from distributing opioids. (10/16)

**The Washington Post: Trump Declines To Express Confidence In Drug Czar Nominee In Wake Of Post/'60 Minutes' Probe**

President Trump said Monday that he will declare a national emergency next week to address the opioid epidemic and declined to express confidence in Rep. Tom Marino (R-Pa.), his nominee for drug czar, in the wake of revelations that the lawmaker helped steer legislation making it harder to act against giant drug companies. Trump's remarks came amid widespread reaction across the political spectrum to a Washington Post/'60 Minutes' D investigation that explained how Marino helped guide the legislation, which sailed through Congress last year with virtually no opposition. (O'Keefe, Higham and Bernstein, 10/16)

**Politico: Trump: 'Looking Into' Marino's Nomination As Drug Czar After Report On Opioid Legislation**

☞ 0As far as Tom Marino, so he was a very early supporter of mine, the great state of Pennsylvania. He's a great guy," Trump said during a Rose Garden news conference Monday afternoon. "I did see the report. We're going to look into the report. We're going to take it very seriously because we're going to have a major announcement probably next week on the drug crisis and on the opioid massive problem, and I want to get that absolutely right... We're going to be looking into Tom." (Nelson, 10/16)

**The Hill: Manchin Calls On Trump To Withdraw Drug Czar Pick**

Sen. Joe Manchin (D-W.Va.) is calling for the White House to withdraw the nomination of Rep. Tom Marino (R-Pa.) to serve as the nation's drug czar, after a Washington Post-60 Minutes investigation suggested he led a bid to weaken enforcement of the nation's drug policing laws. In in-depth reports released Sunday, the news organizations detailed Marino's involvement in helping pass legislation reportedly weakening the Drug Enforcement Administration's (DEA) authority to halt drug distributors. This reportedly undermined the DEA's effort to stop the flow of prescription painkillers, drugs that have contributed to rising overdose death rates. (Roubein, 10/16)

**Stat: McCaskill Seeks To Repeal Law That Hampered DEA Enforcement**

Sen. Claire McCaskill (D-Mo.) on Monday said she would introduce legislation to repeal a 2016 law that hampered the Drug Enforcement Administration's ability to regulate opioid distributors it suspects of misconduct. The new bill would rescind a little-noticed law championed last year by Rep. Tom Marino (R-Pa.), who President Trump has since nominated to serve as "drug czar" and director of the Office of National Drug Control Policy. (Facher, 10/16)

**The Hill: No Progress On Negotiations To Fund Children's Health Insurance Program**

Negotiations on a bipartisan bill to fund the popular Children's Health Insurance Program (CHIP) have made little progress, a top House Republican said Monday. Energy and Commerce Committee Chairman Greg Walden (R-Ore.) said Democrats have not made a counteroffer on paying for an extension of the program. (Hellmann, 10/16)

**Politico: Undocumented Pregnant Girl In Texas Tests Trump Policy To Stop Abortions**

The Trump administration is preventing an undocumented, pregnant teenager detained in a Brownsville refugee shelter from getting an abortion in a policy shift with big implications for hundreds of other pregnant, unaccompanied minors held in such shelters. She is not the first to be stopped, according to advocates who work with undocumented teenagers. (Rayasam, 10/16)

**The Hill: McConnell: 20-Week Abortion Ban Will Get Senate Vote**

Senate Majority Leader Mitch McConnell (R-Ky.) said on Monday that the Senate will vote on a 20-week abortion ban, though he didn't specify when the legislation will come up. "It's supported by virtually all of my members, and we expect to have a vote on it at some point," McConnell told reporters during a press conference in the Rose Garden with President Trump. (Carney, 10/16)

### **The Associated Press: 15 Attorneys General Oppose Trump Transgender Military Ban**

Massachusetts Attorney General Maura Healey is leading a group of 15 Democratic attorneys general in opposing President Donald Trump's administration's plan to bar transgender individuals from openly serving in the military. The group filed a brief Monday in U.S. District Court for the District of Columbia arguing that banning transgender individuals from the military is unconstitutional and against the interest of national defense and that it harms the transgender community. (Leblanc, 10/16)

### **The Hill: Trump Promises Action On Drug Prices**

President Trump on Monday attacked prescription drug companies and hinted at taking action to bring down rising drug prices. "We are going to get prescription drug prices way down because the world is taking advantage of us," Trump said during a wide-ranging press conference. (Weixel, 10/16)

### **The New York Times: Patents For Restasis Are Invalidated, Opening Door To Generics**

A federal judge in Texas invalidated four key patents for the dry-eye treatment Restasis on Monday, dealing a blow to its manufacturer, Allergan, which had sought to protect its patents by transferring them to a Native American tribe. The ruling, by United States Circuit Judge William C. Bryson of the Eastern District of Texas, does not mean that generic versions of the drug will be available soon, however. Allergan said that it would appeal the decision, and the Food and Drug Administration has not yet approved copycat versions of the drug. (Thomas, 10/16)

### **The New York Times: 7 Million American Men Carry Cancer-Causing HPV Virus**

The incidence of mouth and throat cancers caused by the human papilloma virus in men has now surpassed the incidence of HPV-related cervical cancers in women, researchers report. The study, in the Annals of Internal Medicine, found that 11 million men and 3.2 million women in the United States had oral HPV infections. Among them, 7 million men and 1.4 million women had strains that can cause cancers of the throat, tongue and other areas of the head and neck. (Bakalar, 10/16)

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### **The New York Times: Raising Concerns About A Widely Used Test To Measure Fertility**

Michele K. Bourquin, an account executive from Atlanta, was 36 and divorced when she first looked into freezing her eggs. "I knew I wasn't getting any younger, and my eggs were aging," Ms. Bourquin said. So she visited a doctor who gave her a blood test that's often used to check a woman's egg supply. It works by looking for anti-Müllerian



hormone, or AMH, which is secreted by growing follicles, the sacs that house each egg. (Caron, 10/16)

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### **Los Angeles Times: Doctors Urged To Make A Public Commitment To Talk To Their Patients About Guns And Gun Safety**

As guardians of health and gatekeepers to the world of medicine, primary care doctors are expected to plunge dauntlessly into the most delicate topics with their patients. Now, in the wake of the worst mass shooting in recent U.S. history, a new campaign is challenging these physicians to talk to their patients about guns. As doctor questions go, it's right up there with inquiring about risky sexual behavior and a notch stickier than drug or excess alcohol use and obesity. Asking about a patient's guns strays into prickly political territory. It risks backlash from hard-line gun rights advocates. And in small or rural communities, where guns are often plentiful and medical care is scarce, it may scare a few patients off. (Healy, 10/16)

### **The New York Times: 750 Gun Deaths A Year Are Prevented By Waiting Periods, Study Finds**

State waiting periods for handgun purchases prevent about 750 gun deaths each year in the United States, new research has found. An estimated 910 gun deaths could also be avoided if those policies were adopted nationwide, according to the study, published Monday in the Proceedings of the National Academy of Sciences. (Chokshi, 10/16)

### **Bloomberg: Drugmakers Are Planning To Start A Phase 2 Trial To Cure Peanut Allergy**

Aimmune Therapeutics Inc. is teaming with Regeneron Pharmaceuticals Inc. in hopes of developing a cure for peanut allergies. Aimmune, based in Brisbane, California, specializes in food allergy treatments and has been developing a desensitizing therapy, AR101, to protect peanut allergy sufferers against reactions from accidental exposures. By combining AR101 with Regeneron's inflammation-inhibiting drug Dupixent, the companies are seeking to increase protection enough so patients stop reacting to peanuts even after treatment ends. (Chen, 10/16)

### **NPR: What Does A Normal Brain Look Like?**

Brain imaging studies have a diversity problem. That's what researchers concluded after they re-analyzed data from a large study that used MRI to measure brain development in children from 3 to 18. Like most brain imaging studies of children, this one included a disproportionate number of kids who have highly educated parents with

relatively high household incomes, the team reported Thursday in the journal *Nature Communications*. (Hamilton, 10/16)

**NPR: How To Fall Asleep And Why We Need More**

The National Sleep Foundation recommends an average of eight hours of sleep per night for adults, but sleep scientist Matthew Walker says that too many people are falling short of the mark. "Human beings are the only species that deliberately deprive themselves of sleep for no apparent gain," Walker says. "Many people walk through their lives in an underslept state, not realizing it." (Gross, 10/16)

**The Washington Post: Puerto Rican Families Draw Water From Superfund Site**

Every 10 minutes or so, a truck or a van pulled up to the exposed spigot of an overgrown well, known as Maguayo #4, that sits not far from a bustling expressway and around the corner from a Krispy Kreme doughnut shop. Fencing around the area had been torn open, and a red and white "Peligro" sign, warning of danger, lay hidden beneath debris and dense vegetation. One after another, people attached a hose to draw water for bathing, washing dishes and, in some cases, drinking. They filled buckets, jugs, soda bottles. (Hernandez and Dennis, 10/16)

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**Reuters: U.S. Nursing Home Chain Faces Landlord Showdown Over Default**

The fate of one of the largest U.S. nursing home operators, HCR ManorCare, will reach a critical court deadline on Thursday in a battle over months of unpaid rent, a growing problem in an industry where eviction would put thousands of elderly out on the street. Many nursing home chains spun off their properties to real estate companies over the last decade to unlock value. Now those landlords need to deal with operators behind on their rent without harming thousands of elderly residents. (Rucinski, 10/16)

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**The New York Times: On Health, De Blasio Focuses On Crises And Inequality**

Four years ago, Bill de Blasio, then the city's public advocate and a mere mayoral hopeful, took part in a rally in Midtown Manhattan to protest the imminent closing of Long Island College Hospital. Surrounded by dozens of singing and cheering hospital workers, he chanted "No Hospital, No Peace," and helped block the entrance to the offices of the chancellor of the State University of New York. The police arrested Mr. de Blasio and charged him with disorderly conduct. (Santora, 10/16)

**The Washington Post: A 2-Year-Old's Kidney Transplant Was Put On Hold — After His Donor Father's Probation Violation**

A father in Georgia who had prepared to donate a kidney to his 2-year-old son said last week that he is being forced to wait after a recent stint in county jail. Anthony Dickerson's son, A.J., was born without kidneys, and Dickerson, who is a perfect match, was ready to donate one of his, he told NBC affiliate WXIA in Atlanta. He was arrested days before the planned transplant but released from Gwinnett County Jail this month to undergo surgery. Now, he said, the transplant center at Emory University Hospital has put it on hold — in a case that one expert called befuddling. (Bever, 10/16)

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# **KHN** First Edition

KAISER HEALTH NEWS

**Wednesday, October 18, 2017**

Check Kaiser Health News online for the latest headlines

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Today's early morning highlights from the major news organizations.

## **Kaiser Health News: 2 Senators Reach Deal On A Health Law Fix, But Bringing Congress Along Is Tricky**

After nearly two months of negotiations, key senators said Tuesday they have reached a bipartisan deal on a proposal intended to stabilize the Affordable Care Act's insurance market, which has been rocked by recent actions by President Donald Trump. Sens. Lamar Alexander (R-Tenn.) and Patty Murray (D-Wash.), respectively the chairman and the top Democrat of the Senate Health, Education, Labor and Pensions Committee, negotiated the emerging deal. The milestone agreement, they said, would guarantee payment of "cost-sharing reduction" subsidies that help some policyholders with low incomes afford their deductibles and other out-of-pocket costs for two years, 2018 and 2019. (Rovner, 10/17)

## **Kaiser Health News: Chasing Millions In Medicaid Dollars, Hospitals Buy Up Nursing Homes**

Westminster Village North, a nursing home and retirement community in Indianapolis, recently added 25 beds and two kitchens to speed food delivery to residents. It also redesigned patient rooms to ease wheelchair use and added Wi-Fi and flat-screen televisions. This fall, it's opening a new assisted living unit. "We have seen amazing changes and created a more home-like environment for our residents," said Shelley Rauch, executive director of the home. (Galewitz, 10/18)

### **California Healthline: Questions Loom About Obamacare As Covered California's Open Enrollment Nears**

With open enrollment a little more than two weeks away, President Donald Trump took a one-two punch at the Affordable Care Act. Last week, Trump said he would stop paying key subsidies, known as cost-sharing reductions, which compensate insurers for providing discounts on deductibles and copays. He also signed an executive order aimed at loosening the rules for association health plans — organized by certain types of professional, trade or interest groups — and short-term medical insurance. (10/17)

### **California Healthline: Hospitals Step In To Help House The Homeless. Will It Make A Difference?**

During the five years Tony Price roamed the streets and dozed in doorways, the emergency rooms of Sacramento's hospitals were a regular place for him to sleep off a hard day's drinking. "A lot of times I would pass out, and then I'd wake up in the hospital," said Price, 50. (Bartolone, 10/18)

### **The New York Times: 2 Senators Strike Deal On Health Subsidies That Trump Cut Off**

Two leading senators, hoping to stabilize teetering health insurance markets under the Affordable Care Act, reached a bipartisan deal on Tuesday to fund critical subsidies to insurers that President Trump moved just days ago to cut off. ... The plan by the senators, Lamar Alexander, Republican of Tennessee, and Patty Murray, Democrat of Washington, would fund the subsidies for two years, a step that would provide at least short-term certainty to insurers. The subsidies, known as cost-sharing reduction payments, reimburse insurance companies for lowering deductibles, co-payments and other out-of-pocket costs for low-income customers. (Kaplan and Pear, 10/17)

### **The Wall Street Journal: What Democrats And GOP Get In Bipartisan Health-Care Deal**

The Alexander-Murray deal addresses the Democrats' most immediate concern: subsidies known as cost-sharing reduction payments, billions of dollars paid to insurers to limit out-of-pocket costs for low-income consumers. These payments had never been approved by Congress, and President Donald Trump announced last week he would discontinue making them. Democrats and health analysts feared cutting off the payments would send costs soaring in the ACA market and might prompt some insurers to exit. A two-year guarantee will lend the law some measure of stability at a time when Democrats are attempting to ward off repeated GOP efforts to roll it back. ... What do Republicans get? Mr. Alexander, the lead GOP negotiator, said that the deal expands the usefulness of ACA waivers that allow states to sidestep certain ACA rules to remold some aspects of the law, such as how premium subsidies are

distributed or how much insurers can be permitted to charge their oldest customers. (Hackman and Wilde Mathews, 10/17)

**Los Angeles Times: Senators Announce Bipartisan Deal To Stabilize Obamacare Markets**

"For the next two years, we want to make sure people can buy insurance at affordable prices," Alexander said Tuesday at the Capitol. "There is an emerging, encouraging consensus, and we'll see how far it goes." (Levey and Mascaro, 10/17)

**The Washington Post: Senators Strike Deal To Save Obamacare Payments As Insurers Push To Raise Rates**

In many states, insurance companies had already priced in a possible end of CSRs to their rate requests, anticipating President Trump's move. In others, however, regulators explicitly asked companies to assume that the payments would be made — or gave little direction, leaving some insurance companies pushing for higher rates at the last minute. (Johnson, 10/17)

**The Associated Press: Senate Health Care Deal In Doubt As Trump Says He's Opposed**

A bipartisan Senate deal to curb the growth of health insurance premiums is reeling after President Donald Trump reversed course and opposed the agreement and top congressional Republicans and conservatives gave it a frosty reception. ... In remarks Tuesday in the Rose Garden, Trump called the deal "a very good solution" that would calm insurance markets, giving him time to pursue his goal of scrapping Obama's 2010 Affordable Care Act, the target of Republican derision since it was signed into law. Although top Democrats and some Republicans praised the Alexander-Murray compromise agreement, Trump backed off after a day of criticism from many in the GOP. (10/18)

**The Washington Post: Another Last-Ditch Effort To Tackle Obamacare Stalls Within Hours Of Its Release**

The measure presented congressional Republicans with an uncomfortable choice between helping sustain coverage for many Americans and making good on a long-standing campaign promise — and paying the consequences — by allowing the ACA to falter. Senate Republican leaders did not immediately endorse the proposal. Influential House Republicans panned the blueprint, and Trump offered conflicting reviews. The discord swiftly cast the plan's viability into serious doubt. (Sullivan, Eilperin and Goldstein, 10/17)

**Politico: Trump Would Have To Broker Obamacare Truce**

[G]etting the deal though would require a sustained, focused lobbying effort on Capitol

Hill, where Republicans are facing a biting political calculus. They're still stinging from spending all of this year in a draining but fruitless effort to repeal and replace Obamacare — the law that congressional Republicans have been trying to uproot for seven years. Now, they would have to decide whether the state flexibility concessions Alexander got are enough. (Haberhorn and Cancryn, 10/17)

#### **NPR: Senators Reach Deal To Stabilize ACA Insurance Markets For 2 Years**

Murray said she and Alexander had had discussions with more than half the Senate about the bill and she believed the plan would get broad support. Alexander said they'll work to get co-sponsors for the legislation throughout the week so they can bring a bill to McConnell for consideration. McConnell has not said whether he supports the effort. (Kodjak, 10/17)

#### **The Hill: New Health Deal Falls Flat With GOP**

A bipartisan Senate deal that would extend critical ObamaCare payments to insurers for two years got the cold shoulder from Republicans on Tuesday, suggesting it faces a rocky path to become law. The chairman of the conservative Republican Study Committee in the House dismissed the offering from Sens. Lamar Alexander (R-Tenn.) and Patty Murray (D-Wash.) as an affront to GOP promises to repeal President Obama's signature legislation. (Sullivan, 10/17)

#### **The Hill: McCain, Murkowski Signal Support For Deal On ObamaCare Payments**

Two holdouts on the GOP effort to repeal ObamaCare are throwing their support behind a bipartisan deal to extend payments to insurers after President Trump moved to nix them. Republican Sens. John McCain (Ariz.) and Lisa Murkowski (Alaska) on Tuesday both praised the agreement to provide two years of the cost-sharing reduction payments. (Carney, 10/17)

#### **The Wall Street Journal: Senators Reach Deal To Shore Up Health-Insurance Markets**

The bill needs 60 votes to pass in the Senate, where Republicans hold 52 seats. The deal is most likely to get a vote in both chambers if it is tethered to another issue. In the Senate, one possibility is that it could be combined with a disaster-relief bill passed by the House last week, lawmakers and aides said. (Armour and Peterson, 10/17)

#### **The Hill: House Freedom Chairman Calls ObamaCare Deal 'Good Start'**

The chairman of the powerful House Freedom Caucus said more work needs to be done to get conservatives to support a bipartisan Senate deal to extend critical ObamaCare payments to insurers, but he called it a starting point. "There are elements in the Alexander-Murray plan that we can build on, but much more work needs to be

done," Rep. Mark Meadows (R-N.C.) in a statement, but he called it a "good start." (Weixel, 10/17)

### **The Hill: Heritage Foundation Rips Bipartisan Health Care Deal Ahead Of Trump Speech**

A senior fellow for the Heritage Foundation, an influential conservative think tank, ripped a bipartisan deal on Tuesday that would provide funding for key health-care subsidies that President Trump recently announced he would cut off. In a statement issued hours after Sens. Lamar Alexander (R-Tenn.) and Patty Murray (D-Wash.), leaders of the Senate Health Committee, announced that they had agreed on a plan to stabilize insurance markets under the Affordable Care Act, Ed Haislmaier, a senior research fellow in health-care policy for the Heritage Foundation, said the proposal would offer little stability for the unsubsidized insurance market. (Greenwood, 10/17)

### **The Associated Press: Summary Of Senate Bipartisan Health Care Agreement**

Summary of Tuesday's bipartisan health care agreement between two leading senators. (10/18)

### **The Wall Street Journal: Health Insurers Step Up Open Enrollment Push As Window To Sign Up Shrinks**

With enrollment for 2018 Affordable Care Act health-insurance plans starting in just two weeks, insurers are bracing for a drop-off among consumers put off by higher rates, confusion about the law's standing and a shorter window to choose coverage. Companies like Blue Cross Blue Shield of Michigan, Florida Blue and Medica are rushing to shore up their customer base as the future of the 2010 health law continues to be debated on Capitol Hill, where two senators Tuesday announced a tentative deal aimed at bolstering the ACA marketplaces. The insurers are using advertising, letters, emails and other outreach techniques to reassure enrollees about their insurance options under the ACA in 2018. (Wilde Mathews, 10/18)

### **The Wall Street Journal: UnitedHealth Revenue Grows Despite ACA Exit**

UnitedHealth Group Inc.'s core insurance and health-services businesses grew in its latest quarter, despite a dent in revenue caused by the company's decision to pull out of most Affordable Care Act markets. The latest quarterly results from the nation's largest health insurer come as the market is facing policy changes related to the ACA. President Donald Trump last week signed an executive order seeking to provide lower-cost plans in the individual insurance market, and he has said his administration will end payments to insurers that offset subsidies to low-income consumers. (Prang and Wilde Mathews, 10/17)



### **The Hill: Dems Introduce Public Option For ObamaCare**

Sens. Michael Bennet (D-Colo.) and Tim Kaine (D-Va.) on Tuesday introduced a bill to add a government-run "public option" plan to ObamaCare, modeled on Medicare. The plan, part of a long-running debate in the Democratic Party about how far to go in expanding government-run health insurance, would move ObamaCare to the left but does not go as far as Sen. Bernie Sanders's (I-Vt.) "Medicare for all" plan. (Sullivan, 10/17)

### **The Washington Post: Single Payer System: A Healthcare Alternative To Affordable Care Act?**

As Republican efforts to repeal and replace the Affordable Care Act continue in the background, some Democrats are starting to eye a new health policy goal: implementing a single-payer system. Sen. Bernie Sanders (I-Vt.) introduced a single-payer bill in mid-September with 16 Democratic co-sponsors — 16 more than he got when he introduced the bill two years earlier. But how is the health-care system funded now, and how would "single-payer" change that? (Soffen, 10/17)

### **The Washington Post: Trump Eyeing Former Drug Firm Executive Alex Azar For Health And Human Services Secretary**

Alex Azar, a former pharmaceutical executive and a top health official during the George W. Bush administration, is now the leading candidate to head the Department of Health and Human Services, two Republicans briefed on the matter said Tuesday. Azar served a decade at Lilly USA, the biggest affiliate of Eli Lilly and Co., including five years as president. He directly led a biomedicine division that covered, among other areas, neuroscience, immunology and cardiology, and was also responsible for the company's sales and marketing operations. (Eilperin and Goldstein, 10/17)

### **The Hill: Newly Controversial Opioid Enforcement Law Under Fire**

Several lawmakers are pushing to repeal or revisit a law critics say enables the flow of deadly and addictive opioids, hours after President Trump's drug czar nominee withdrew his name amid the controversy. The little-noticed legislation is reportedly undermining the Drug Enforcement Administration's (DEA) ability to police drug distributors and was heavily influenced by industry lobbying, according to a joint Washington Post and "60 Minutes" investigation published Sunday. The report was based in part on a high-ranking whistleblower within the DEA. (Roubein, 10/17)

### **The Washington Post: Congresswoman Requests Hearings On Whether DEA Chief Misled Her About Bill**

A Los Angeles congresswoman who co-sponsored a controversial law that has hobbled the Drug Enforcement Administration said Tuesday that the head of the agency personally assured her that the measure would not hamstring law enforcement efforts.

Rep. Judy Chu (D-Calif.), an original co-sponsor of the bill, called Tuesday for an investigation into whether the law is harming enforcement against “bad actors” and requested hearings to examine whether she was misled. (Higham and Bernstein, 10/17)

### **The Washington Post: McCaskill's False Claim That She 'Wasn't Here' When The DEA Bill Was Passed**

In the wake of The Washington Post/“60 minutes” investigation detailing how 2016 legislation passed by Congress weakened the Drug Enforcement Administration’s ability to go after drug distributors, even as opioid-related deaths continue to rise, Sen. McCaskill has led the charge for repealing the law. Already, President Trump’s choice for drug czar, Rep. Tom Marino (R-Pa.), withdrew his nomination after the report exposed his role in spearheading the bill’s passage through Congress. (Kessler, 10/17)

### **The Washington Post: Another Outbreak Related To The Nation’s Opioid Crisis: Hepatitis C**

The nation’s opioid epidemic has unleashed a secondary outbreak: the rampant spread of hepatitis C. New cases of the liver disease have nearly tripled nationwide in just a few years, driven largely by the use of needles among drug users in their 20s and 30s, spawning a new generation of hepatitis C patients. Because a treatment that cures the disease costs tens of thousands of dollars, is limited by insurance and Medicaid, and is mostly unavailable to people who are still using illicit drugs, there probably will be financial and public health ramifications for decades to come. (Zezima, 10/17)

### **NPR/Propublica: Oversized Eyedrops Waste Medicine And Money**

If you’ve ever put in eyedrops, some of them have almost certainly spilled onto your eyelid or cheek. The good news is the mess doesn’t necessarily mean you missed. The bad news is that medicine you wiped off your face is wasted by design — and it’s well-known to the drug companies that make the drops. (Allen, 10/18)

### **The New York Times: Google Maps Pulls Calorie-Counting Feature After Criticism**

Stephanie Zerwas, the clinical director of the Center of Excellence for Eating Disorders at the University of North Carolina, was trying to find a restaurant in Orlando, Fla., last weekend, so she put the address into Google Maps for directions. She was baffled to see a new feature: The iPhone app told her that walking instead of driving would burn 70 calories. While it was perhaps meant as an incentive to walk, those with eating disorders might instead fixate on the number, a dangerous mind-set that counselors try to minimize, she said. (Victor, 10/17)

**NPR: 4 Genes Linked To Obsessive Compulsive Disorder**

People who have obsessive-compulsive disorder can get trapped inside a thought. It repeats itself, like a stuck song. Did I lock the door? Is that doorknob clean enough to touch? I better wash my hands again — and again. The biology underpinning this loop remains murky to scientists, but scientists are beginning to sniff out potential genetic factors behind OCD and shed light on how the disorder affects the brain. (Chen, 10/17)

**The New York Times: A Diabetes Monitor That Spares The Fingers**

For the past year and a half I've been buying a medical device from Italy that has improved my life immeasurably. It wasn't easy: I roped in a good friend who had moved to Milan to buy the device and ship it to me because it wasn't yet available in the States. And it was expensive: over \$1,600 a year. (Zimberoff, 10/17)

**The Associated Press: Appeals Court Tosses \$72 Million Award In Talcum Powder Case**

A Missouri appeals court on Tuesday that vacated a \$72 million award to an Alabama woman who claimed her use of Johnson & Johnson products that contained talcum contributed to her ovarian cancer has thrown the fate of awards in similar cases into doubt. The Missouri Eastern District Court's ruled that Missouri was not the proper jurisdiction to hear a lawsuit filed by Jacqueline Fox, 62, of Birmingham, Alabama, who claimed the baby powder she used for feminine hygiene for about 25 years contributed to her cancer. (Stafford, 10/17)

**San Diego Union-Times: Death Toll From San Diego Hepatitis A Outbreak Rises To 19; More Than 500 Cases Confirmed**

San Diego's hepatitis A outbreak added another death Tuesday, pushing the total to 19 as the number of confirmed cases passed 500. Updated numbers released by the county Health and Human Services Agency come as a massive effort around vaccination, sanitation and public education continues to try and stop the largest surge of the viral disease since the vaccine for hepatitis A was approved in the late 1990s. (Sisson, 10/17)

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# **KHN** Morning Briefing

KAISER HEALTH NEWS

**Monday, October 30, 2017**

Check Kaiser Health News online for the latest headlines

## NOTE TO READERS

QUESTIONS ABOUT OBAMACARE SIGN-UP SEASON? Tune in to KHN= 2s next Facebook Live to learn all you need to know about this year= 2s Affordable Care Act open-enrollment period. The chat will be **Thursday, Nov. 2, at 3 p.m., ET**. You can send questions here and watch here.

## In This Edition:

### KAISER HEALTH NEWS ORIGINAL STORIES

- 1. Flurry Of Federal And State Probes Target Insulin Drugmakers And Pharma Middlemen**
- 2. Big Gains In Latino Coverage Poised To Slip During Chaotic Enrollment Season**
- 3. Money For Health Law Navigators Slashed — Except Where It's Not**
- 4. Rural Areas — Already Short On Health Resources — Face Enrollment Hitches**
- 5. Political Cartoon: 'Second Chance?'**

### HEALTH LAW

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**6. Health Law's Open Enrollment To Kick Off This Week Amid Confusion, Cries Of Sabotage**

**7. With New Rule, Administration Wants To Give States More Flexibility On ACA's Essential Benefits**

#### MEDICAID

**8. ACA Supporters, Thwarted By Maine Governor, Seek To Expand Medicaid Through Referendum**

**9. States' Frustrations Growing As Funds Dwindle For Children's Health Coverage**

#### ADMINISTRATION NEWS

**10. Watchdogs Concerned About Gift From UnitedHealth To Nominee For An HHS Spot**

#### PUBLIC HEALTH AND EDUCATION

**11. Privacy Rules Relaxed As Part Of Administration's Attempt To Curb Opioid Epidemic**

**12. College Campuses A Hotbed For Opioid Crisis: 'During Accounting 101, I'm In The Bathroom Snorting Heroin'**

**13. Beyond Privacy Concerns: Interactive Gadgets Can Pose Threat To Children's Psychology**

#### PHARMACEUTICALS

**14. Times Are A Changing: Amazon's Plans, CVS-Aetna Talks Reveal A Shift In PBM Landscape**

#### WOMEN'S HEALTH

**15. Scientists Develop Further Understanding Of Connection Between Fevers, Birth Defects**

#### STATE WATCH

**16. Judge Sides With Nursing Homes Over Fla.'s New Rule Requiring Facilities Have Generators**

**17. State Highlights: Decades-Old Law Makes It Really Cheap To Go To Med School In Texas; Wis. Gubernatorial Candidates Embrace Medicare-For-All Type Plan**

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#### EDITORIALS AND OPINIONS

**18. Different Takes: Did Trump's Response To The Opioid Crisis Fall Short? Would A Better Policy Save Lives?**

**19. Policy Thoughts: A GOP Idea On Reducing Medicare Costs; Health Care In A Wealthy Nation**

**20. Viewpoints: Parsing Ohio's Drug-Pricing Ballot Issue; Link Between Birth Control And The Economy**

#### **From Kaiser Health News:**

##### KAISER HEALTH NEWS ORIGINAL STORIES

#### **1. Flurry Of Federal And State Probes Target Insulin Drugmakers And Pharma Middlemen**

Over the past two years, a powerful federal prosecutor and several state attorneys general have launched investigations related to diabetes drugs. (Sarah Jane Tribble, 10/30)

#### **2. Big Gains In Latino Coverage Poised To Slip During Chaotic Enrollment Season**

Efforts in past years have cut uninsured rates among Hispanics from 43 to 25 percent, but navigators say they anticipate a challenging sign-up period. (Paula Andalo, 10/30)

#### **3. Money For Health Law Navigators Slashed — Except Where It's Not**

Two states, North and South Carolina, have very different outlooks since the Trump administration cut funding for the people who help others sign up for health insurance. (Alexandra Olgin, WFAE, 10/30)

#### **4. Rural Areas — Already Short On Health Resources — Face Enrollment Hitches**

Affordable Care Act supporters in Georgia say they are facing a daunting task in getting people signed up for health insurance. (Virginia Anderson, 10/27)

## **5. Political Cartoon: 'Second Chance?'**

Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Second Chance?'" by John Deering.

Here's today's health policy haiku:

### **INSULIN MANUFACTURERS IN THE HOT SEAT**

As the drug's cost soars,  
Some officials want to know  
The answers to "Why?"

- Anonymous

If you have a health policy haiku to share, please Contact Us and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

## **Summaries Of The News:**

### **HEALTH LAW**

## **6. Health Law's Open Enrollment To Kick Off This Week Amid Confusion, Cries Of Sabotage**

Experts expect enrollment to drop significantly in part because of the Trump administration's moves to slash funding for marketing and navigators, and to roll back policies meant to protect consumers.

The Associated Press: Health Law Sign-Ups Start, And Some See A 'Hostile Takeover'  
It's sign-up season for the Affordable Care Act, but the Trump administration isn't making it easy — cutting the enrollment period in half, slashing advertising and dialing back on counselors who help consumers get through the process. Many people already faced fewer choices and higher premiums. But President Donald Trump's decision to



cancel a subsidy to insurers that lowers consumer costs compounded the turmoil, pushing premiums even higher. (Alonso-Zaldivar, 10/30)

Politico: Confusion Clouds Open Enrollment With Republicans Still Eager To Dismantle Obamacare

Obamacare is about to have its worst open-enrollment season ever — and that's no accident. President Donald Trump and Republicans in Congress still aim to dismantle the 2010 law. Making it look bad helps their cause, even as they've failed repeatedly to repeal or replace Obamacare. The new theory for Republicans: If fewer people enroll in Obamacare, there will be less of a constituency to save it. (Demko, Pradhan and Cancryn, 10/29)

The Hill: ObamaCare Heads Into Crucial First Sign-Ups Under Trump

ObamaCare made it through nearly 10 months of repeal attempts with Republicans in full control of Washington. It now faces another crucial period starting Wednesday. It's the first test of how the Trump administration will handle enrollment under the law it claims is "imploding." With the president making no secret of his desire to kill the law completely, Democrats accuse the administration of "sabotage" and say the number of new enrollees is likely to drop as a result. (Sullivan, 10/29)

NPR: Less Money, Less Time To Enroll In 2018 Health Plans Poses Challenges

Starting next week, Americans will again be able to shop for health plans on the Affordable Care Act marketplaces. Open enrollment in most states runs from Nov. 1 through Dec. 15. But a lot of people don't know that because the Trump administration slashed the marketing budget for Affordable Care Act, also known as Obamacare. So states, municipalities, community groups, insurers and others are strengthening their outreach efforts. In Texas, some cities and local governments are doing their best to get the word out, but it will be hard to reach the more rural communities. (Lopez and Dembosky, 10/28)

Kaiser Health News: Money For Health Law Navigators Slashed — Except Where It's Not

Despite all the efforts in Congress to repeal the health law this summer and fall, the Affordable Care Act is still the law of the land. People can start signing up for health insurance for 2018 starting Nov. 1. But the landscape for that law has changed a lot. Take navigators. Those are specially trained people who help consumers sign up for coverage. The federal government cut navigator funding by 41 percent. But that's not an across-the-board cut. Some groups and states are dealing with far deeper cuts, while others will have dollars close to what they had last year. (Olgin, 10/30)

In open enrollment news from the states —

**The Oregonian: Insurance Guide 2018: Oregonians Face Fewer Choices, Higher Premiums**

Open enrollment begins Nov. 1, the annual period when individual health insurance buyers can switch plans. Many will want to consider their options carefully -- and swiftly -- experts say. Instead of having until Jan. 31 to decide, consumers this year have six weeks ending Dec. 15, and actually less time than that. The online federal insurance exchange, where most Oregonians buy plans and receive financial help, will be shut down for 12 hours on five of those six Sundays. (Hunsberger, 10/29)

**Detroit Free Press: Obamacare Enrollment Goes Live In Michigan Nov. 1 With 27% Rate Hikes**

Yet the most consequential change could be the higher sticker price for health insurance policies: The average price in Michigan of an individual plan will jump a record 26.9% for 2018. That compares to an average 16.7% increase from 2016 to 2017, and 6.5% from 2015 to 2016. Roughly 300,000 Michiganders are expected to get enrolled in a plan during open enrollment, down from previous years and about 3% of the total population. (Reindl, 10/27)

**The CT Mirror: CT Businesses, Employees Face Hikes In Health Care Premiums**  
When the Affordable Care Act open enrollment period for health insurance begins on Wednesday, many individuals who buy their own policies will suffer sticker shock because of a sharp increase in premiums. But the state's large and small businesses are girding for higher premiums to cover their workers in 2018 too. (Radelat, 10/30)

**Boston Globe: If You're Shopping For Health Care, Don't Wait Around**  
On Nov. 1, the ACA's annual open enrollment period will begin, just like every other year. But this time the Trump administration has made several changes to the program that make things a little different. The administration cut the advertising budget for the program, as well as the budget for "navigators" — people who help guide insurance shoppers through the enrollment process. (Shemkus, 10/27)

**Tampa Bay Times: Obamacare Fact Vs. Fiction: What You Need To Know Before Open Enrollment**

Consumers are struggling to separate fact from fiction as the open enrollment period approaches for health insurance plans sold on the Affordable Care Act's federal exchange, advocates and insurance companies say. The controversial health care law lives on, even as the Trump administration and Republicans in Congress look for ways to kill it. (Griffin, 10/30)

Miami Herald: Obamacare Open Enrollment In Florida Starts Nov. 1

With the fifth year of open enrollment for Affordable Care Act coverage due to begin Nov. 1, Florida insurers and consumer advocates have six weeks to reach Scherr and others like her who may be more discouraged and confused than ever about the health law commonly known as Obamacare. There are challenges including rising premiums, a shorter window to sign up, and confusion over the status of Obamacare. (Chang, 10/27)

Kaiser Health News: Rural Areas — Already Short On Health Resources — Face Enrollment Hitches

Ms. Stella's, a home-cooking restaurant in Milledgeville, Ga., serves roast beef, grilled pork chops, chicken wings and oxtails with 24 sides from which to choose. Last spring, owners Jeri and Lucious Trawick opened a second restaurant in Eatonton, about 20 miles away, and Jeri decided to leave her full-time job to help shepherd the expansion. But she needed to update the couple's health insurance and went shopping on the Affordable Care Act's online marketplace. Trawick, 43, who considers herself nearly as skilled with a computer as she is with a skillet, found the Obamacare website daunting. (Anderson, 10/27)

Kaiser Health News: Big Gains In Latino Coverage Poised To Slip During Chaotic Enrollment Season

Latinos, who just a year ago were highly sought customers for the Affordable Care Act's marketplace plans may not get the same hard sell this year. The Trump administration's laissez-faire approach toward the upcoming enrollment period for the health law's insurance marketplaces could reverse advances made in the number of Latinos with coverage, fear navigators and community activists. (Andalo, 10/30)

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Cleveland Plain Dealer: Buying Obamacare Coverage? If You Don't Get Subsidies, This Could Cushion You Against Big Hikes

Obamacare math is getting more complicated, but a way to save substantial money in 2018 is now apparent, especially for Ohioans who earn too much money to qualify for subsidies. Buy through an insurance broker or agent, or call the insurer directly. (Koff, 10/27)

## **7. With New Rule, Administration Wants To Give States More Flexibility On ACA's Essential Benefits**

Issued late in the day on Friday, the 365-page plan also proposes other changes to the inner workings of the health insurance markets.

The Associated Press: Trump Administration Proposes Health Law Benefit Changes  
The Trump administration on Friday proposed new health insurance regulations that could affect basic benefits required by the Affordable Care Act, but not for a couple of years. Loosening "Obamacare" benefit requirements was a major sticking point for congressional Republicans in thus-far fruitless efforts to repeal the law. The complex new plan from the administration would give states a potential path to easing some requirements. (Alonso-Zaldivar, 10/27)

Modern Healthcare: CMS To Allow States To Define Essential Health Benefits  
The CMS proposed a rule late Friday aimed at giving states more flexibility in stabilizing the Affordable Care Act exchanges and in interpreting the law's essential health benefits as a way to lower the cost of individual and small group health plans. ... The CMS said the rule would give states greater flexibility in defining the ACA's minimum essential benefits to increase affordability of coverage. States would play a larger role in the certification of qualified health plans offered on the federal insurance exchange. And they would have more leeway in setting medical loss ratios for individual-market plans. (Meyer, Livingston and Dickson, 10/27)

## MEDICAID

### **8. ACA Supporters, Thwarted By Maine Governor, Seek To Expand Medicaid Through Referendum**

Maine Gov. Paul Page (R) has vetoed legislation to implement an expansion five times. Now, health law supporters are taking the issue to voters. In other Medicaid news, Kansas officials will seek federal approval to implement a work requirement, Iowa Democratic lawmakers propose allowing state residents to buy into the Medicaid system and Louisiana's managed care contracts come under scrutiny.

The New York Times: The Governor Blocked Medicaid Expansion. Now Maine Voters Could Overrule Him.

Night after night, in the sharp autumn air, canvassers are knocking on doors across Maine in hopes of getting tens of thousands of poor adults insured through Medicaid. Gov. Paul LePage, a Republican, has five times vetoed expanding access to the program under the Affordable Care Act. Next month, voters here will be the first in the nation to decide the issue by referendum. But even in this liberal city, canvassers have encountered resistance from some as they stood on creaky porches and leaf-strewn

steps to argue, as Lily SanGiovanni did the other night, that "health care is a human right." (Goodnough, 10/27)

#### Maine Public: Outcome Of Maine's Lengthy Medicaid Expansion Battle Now In Voters' Hands

Maine is one of 19 states that have rejected expansion. But on Nov. 7, it could be the first to approve it at the ballot box. Question 2 asks Maine voters if they want to provide roughly 70,000 Mainers with healthcare coverage by expanding eligibility of Medicaid - known here as MaineCare. ... Meanwhile, Medicaid enrollment has been dropping. The LePage administration has moved aggressively to cut eligibility. And the enrollment numbers show it. In 2012, there were 345,000 Mainers receiving Medicaid. There were 268,000 through June of this year, according to the Department of Health and Human Services. Meanwhile, roughly 70,000 Mainers have fallen into what's known nationally as the ACA coverage gap. The gap occurs in the 19 states that did not expand Medicaid. (Mistler, 10/30)

#### The Associated Press: Kansas Proposes Work Requirement In New Version Of Medicaid

A proposed change to Kansas' privatized Medicaid program would compel about 12,000 adults to work to obtain benefits, making the state the first in the country to have such a requirement. Gov. Sam Brownback's administration said Friday requiring some Medicaid recipients to work would improve their lives and increase their self-esteem. Advocates for Medicaid recipients said requiring work for Medicaid is illegal. (10/27)

#### Wichita (Kan.) Eagle: Kansas Proposes Medicaid Work Requirement

Gov. Sam Brownback's administration says the work requirements will improve lives, even as it stresses that only a relatively small number of people who are not currently working will have to find jobs. Of the 12,000 people the administration says will be affected, most are already required to work because they receive welfare assistance. (Shorman, 10/27)

KCUR: Kansas Medicaid Officials Unveil KanCare Renewal Plan To Mixed Reviews  
Susan Mosier, secretary of the Kansas Department of Health and Environment, the state's primary Medicaid agency, said changes proposed in "KanCare 2.0" are aimed at improving the health of approximately 425,000 low-income, disabled or elderly Kansans enrolled in the program and addressing the administrative and service delivery problems that have plagued it since its launch. "As we move to KanCare 2.0, we're really moving from a plan of care to a plan of service," Mosier said. That means shifting beyond a focus on medical care to also addressing the social factors that influence the health of individuals and populations, she said. (McLean, 10/27)

Des Moines Register: Iowans Could Buy Medicaid Coverage Under Democrats' "Public Option"

Two Democratic legislators proposed Friday that Iowa end private management of Medicaid and let consumers who now purchase expensive private insurance buy Medicaid coverage instead. Sen. Matt McCoy and Rep. John Forbes pitched the idea as a way for the state to save hundreds of millions of dollars while offering a lifeline to roughly 20,000 Iowans facing the loss of any affordable options for private health-insurance policies. However, the plan would face long odds in a statehouse controlled by Republicans, and it couldn't go into effect until at least 2019. (Leys, 10/27)

Milwaukee Journal Sentinel: Dem Governor Candidates: Let Anyone Buy State BadgerCare Health Plan

As Republicans like Gov. Scott Walker have pushed Congress for the repeal of the federal Affordable Care Act, Democrats in Wisconsin have reacted by seeking a greater health care role for government that's similar to U.S. Sen. Bernie Sanders' Medicare for all bill. A growing number of state Democrats, including most of the declared candidates for governor, now back allowing anyone to buy coverage through the state's BadgerCare program. It's part of a national trend. (Stein, 10/27)

The Associated Press: Louisiana Medicaid Contracts Under New Scrutiny

Louisiana's Medicaid managed-care contracts are a high-dollar expense for the state budget that have seen little legislative scrutiny since former Gov. Bobby Jindal privatized much of the Medicaid program five years ago. Now that Gov. John Bel Edwards has inherited the deals, lawmakers are digging more into the spending -- right as the Edwards administration wants to continue the arrangements for another 23 months at a cost of more than \$15 billion in federal and state cash. (10/29)

## **9. States' Frustrations Growing As Funds Dwindle For Children's Health Coverage**

Federal funding for the Children's Health Insurance Program (CHIP) expired last month. Although members of Congress have expressed support for the program, it's not clear if they can bridge differences about how to pay for the program.

The Hill: States Running Out Of Cash For Children's Health Insurance

Uncertainty about the future of an insurance program for children is sparking panic at the state level as officials scramble to keep their coverage going. Federal funding for the Children's Health Insurance Program (CHIP) expired a month ago, and states are dipping into unspent money or asking for help from the Trump administration to

maintain coverage until Congress reaches a deal to extend it. (Hellmann and Roubein, 10/29)

#### Arizona Republic: KidsCare On The Bubble As Ducey Makes Quiet Bid For More Money

Gov. Doug Ducey was not shy in making clear his position on repeal and replacement of the Affordable Care Act. But he's been quiet on another federally funded health-care program: the Children's Health Insurance Program, known in Arizona as KidsCare. It provides health coverage to kids whose families make too much to qualify for Medicaid, but not enough to buy insurance on their own. ... Arizona's KidsCare account is running on fumes. Boosted by an extra \$22 million in leftover federal money, the program is still on track to run out of money by late November. That would force the state to kick more than 23,000 kids off the program. (Pitzi, 10/27)

#### ADMINISTRATION NEWS

### **10. Watchdogs Concerned About Gift From UnitedHealth To Nominee For An HHS Spot**

Stephen Parente has been nominated to be the assistant secretary for planning and evaluation at the Department of Health and Human Services. "The timing doesn't look good," says Scott Amey of the Project on Government Oversight. "I think Mr. Parente should take some steps to assure the public that he's working in the public interest, and not on behalf of United Healthcare or other donors."

Politico: Backed By UnitedHealth, HHS Nominee Would Now Help Oversee It  
Five months after President Donald Trump nominated Stephen Parente to be an assistant secretary for Health and Human Services, the nation's largest health insurer quietly gave a \$1.2 million gift to a tiny academic research center that Parente helped found and served as director over the past decade. Parente, who is still awaiting confirmation as HHS' assistant secretary of planning and evaluation, for which he was nominated in April, would head an office that often assesses policies that affect the insurance industry. It is currently researching the impact of Obamacare on the insurance market. (Diamond, 10/30)

In other news from the administration —

#### USA Today: Speaking The Language Of Science In Administration That Often Eschews It

He joined a Republican administration last month that's often accused of downplaying or disregarding science, but the new surgeon general says he's

"nonpartisan" and will let science and data drive his approach to the opioid epidemic. "It's more important than ever to have that objective voice," physician Jerome Adams said in his first sit-down interview since taking office. "Everyone's got their own opinion (but) make no mistake, the science does matter." (O'Donnell, 10/28)

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The Hill: Planned Parenthood Slams Trump's Rumored Choice Of Women's Issues Ambassador

Planned Parenthood sharply criticized President Trump on Saturday over his rumored nominee to be the next ambassador-at-large for global women's issues at the State Department, saying her appointment would be like "putting an arsonist in charge of the fire department." Politico reported Friday night that Penny Young Nance was being considered for the post. Nance currently serves as the president and CEO of Concerned Women for America, a conservative women's group. (Bowden, 10/28)

## PUBLIC HEALTH AND EDUCATION

### **11. Privacy Rules Relaxed As Part Of Administration's Attempt To Curb Opioid Epidemic**

The rule will allow health care providers to share information with family members, friends and legal representatives if the patient is in crisis. President Donald Trump declared the opioid epidemic a national public health crisis last week, but some are concerned that there's no funding to go along with it.

The Wall Street Journal: Trump Administration Relaxes Medical Privacy Rule For Overdoses

The Trump administration announced Friday it is relaxing a federal privacy rule that prevents health providers from notifying family members about a drug overdose, one of the administration's most significant policy shifts to combat the nation's opioid crisis. The new rule will explicitly permit health-care providers to share information with family members, friends and legal representatives about a patient's medical condition if the patient is in crisis or incapacitated, such as during an opioid overdose. (Hackman, 10/27)

Bloomberg: Trump's Opioid Plan Set To Use Grants His Budget Would Slash  
Opioid addictions are hitting America's workforce hard. President Donald Trump's move to declare the crisis a national public health emergency offers some hope for relief: It means Labor Department dislocated-worker grants could be used to help provide jobs for people sidelined by the epidemic. But there's an irony here. The



president has proposed cutting that very grant program by nearly half in fiscal year 2018 -- shrinking the program to \$117 million from \$220.8 million. The spending bill reported out of the House Appropriations Committee would also reduce program funding, by slightly less. Congress has yet to agree on a 2018 spending package, so it remains to be seen whether a cut comes to fruition. (Smialek, 10/27)

#### Modern Healthcare: Opioid Panel's Report Could Boost Coordination Efforts

President Donald Trump's formal declaration last week that the opioid epidemic is a public health emergency was light on details for the path forward. Nonetheless, the healthcare industry anticipates Trump's special commission will shed more light with its final set of policy recommendations, including ideas for improved coordination between federal agencies. The Commission on Combating Drug Addiction and the Opioid Crisis is slated to release its final report Nov. 1, roughly seven months after the panel was formed to identify effective solutions to the opioid abuse epidemic. (Johnson, 10/28)

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#### The Hill: Christie: Expect Trump To Ask For 'Billions' To Fight Opioid Epidemic

New Jersey Gov. Chris Christie (R) said in a Sunday interview that he expects President Trump to first ask for "billions" of dollars to fight the opioid epidemic. "I think it's going to be the subject of negotiation with Congress," Christie told ABC's *20/20* This Week. The comment from Christie, who heads Trump's opioid commission, comes after the president on Thursday declared the opioid crisis a public health emergency. (Shelbourne, 10/29)

USA Today: Opioid Victims Say Donald Trump's Declaration Is Good, But Not Enough  
Parents of children who overdosed on opioids have waited patiently for President Trump to declare the epidemic a "national emergency," as he twice promised he would. On Thursday, some were disappointed. To some survivors, the declaration instead of a public health emergency is too little, too late. (O'Donnell and DeMio, 10/26)

The Associated Press: Ky. Advocates Ask Trump Official For More Opioid Resources  
Advocates and doctors in opioid-ravaged Kentucky urged President Donald Trump's acting chief health official to spend more money on fighting the drug epidemic one day after he signed an order declaring the crisis a national public health emergency. Acting Health and Human Services Secretary Eric Hargan toured a clinic in Lexington, Kentucky, on Friday that specializes in treating pregnant women and their babies addicted to opioid-based drugs like heroin and prescription painkillers. (10/27)

WBUR: State Health Officials Met With Trump Before Opioid Crisis Announcement  
Rachel Martin talks to Louisiana State Health Secretary Dr. Rebekah Gee, who was

one of the people who met with the president before he declared a public health emergency. (Martin, 10/27)

The Associated Press: Opioid Epidemic Shares Chilling Similarities With The Past  
While declaring the opioid crisis a national public health emergency Thursday, President Donald Trump said: "Nobody has seen anything like what's going on now." He was right, and he was wrong. Yes, this is the most widespread and deadly drug crisis in the nation's history. But there has been a long string of other such epidemics, each sharing chilling similarities with today's unfolding tragedy. (10/28)

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## **12. College Campuses A Hotbed For Opioid Crisis: 'During Accounting 101, I'm In The Bathroom Snorting Heroin'**

Although abuse of painkillers seems to actually be dropping, the number of deaths has been rising. Media outlets report news from Arizona, Florida, Indiana, Maryland, Minnesota, Ohio and Massachusetts.

The New York Times: Opioids On The Quad

As other college students head out to party on a Saturday night, Julie Linneman, a sophomore at Villanova University, rides the subway to a small rowhouse in West Philadelphia to meet with "her people," a posse of students who understand what it's like to be taken down by opioids. Ms. Linneman is a bespectacled 22-year-old who favors shredded jeans. She is a fan of cooking shows, fantasy fiction and Paul McCartney. She spent her first attempt at sophomore year — the one at Northern Kentucky University — in her dorm room, high on heroin. (Spencer, 10/30)

The Hill: Drug Exec Accused Of Bribing Doctors To Prescribe Opioid Drug

The billionaire founder and top executive of a drug company that manufactures a prescription opioid has been arrested and charged with bribing doctors to overprescribe the drug, CNN reports. John Kapoor, 74, of Insys Therapeutics, was arrested Thursday in Arizona. Authorities say his company had been giving illegal kickbacks to doctors to encourage prescriptions of the powerful painkiller Subsys, which is typically only used for end-stage cancer patients. (Delk, 10/27)

The New York Times: Florida Sheriff Posts Graphic Overdose Video To Combat Opioid Crisis

It's a video that might elicit a lingering sense of dread and, perhaps, déjà vu. A sheriff's deputy approaches a dark blue Nissan with its door ajar in a darkened convenience store parking lot. A man and a woman are passed out in the front seats, their bodies

gaunt and motionless. In the back, a baby girl, 8 months old, is asleep, strapped in a car seat. (Ugwu, 10/26)

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The Washington Post: A Shocking Overdose Photo Exposed Her Addiction — And May Have Saved Her Life

Erika Hurt had become the face of drug addiction. The young mother was captured in a photograph by police, passed out in the driver's seat of her car outside a Dollar General store in Hope, Ind. — an empty syringe still resting between the 25-year-old addict's fingers. The snapshot captured yet another horrifying moment in the worsening U.S. opioid epidemic. What was not seen that Saturday afternoon last October was her 10-month-old son, buckled into his car seat in the back. (Bever, 10/27)

NPR: Baltimore Needs More Funds To Buy Opioid Overdose Drug To Save Lives  
As deaths from opioid overdoses rise around the country, the city of Baltimore feels the weight of the epidemic. "I see the impact every single day," says Leana Wen, the city health commissioner. "We have two people in our city dying from overdose every day." As part of Baltimore's strategy to tackle the problem, Wen issued a blanket prescription for the opioid overdose drug naloxone, which often comes in a nasal spray, to all city residents in 2015. (Aubrey, 10/27)

The Washington Post: Even This Puppy Wasn't Safe From America's Opioid Crisis  
Like most puppies, Zoey is energetic and insatiably curious. When she's outside, the 3-month-old yellow Labrador keeps her nose pointed to the ground, sniffing things, tackling flowers and chewing on random objects without hesitation. Such was the case on a recent morning, when owner Peter Thibault took Zoey out for a walk on their wooded neighborhood street in Andover, Mass. At some point, he noticed Zoey had lunged toward an empty cigarette box that had been discarded near a tree — and then put it in her mouth. He bent down to try to take the package away from her. (Wang, 10/28)

Arizona Republic: Over 400 Opioid-Overdose Deaths Reported Across Arizona Since June

More than 3,200 suspected opioid overdoses have been reported to state officials since June 15, with more than 400 of those deaths, the Arizona Department of Health Services said. The updated data, released in an Oct. 17 blog post by ADHS Director Cara Christ, highlights a growing problem in Arizona and nationally. (McCrory, 10/27)

The Star Tribune: In Opioid Epidemic, Children Are Becoming The Unseen Victims  
The number of overdose deaths involving opioids has quadrupled since 1999, federal

health data show. Last year in Minnesota, the number of drug overdose deaths was nearly six times higher than it was in 2000. As a result, many children have been orphaned, sent to live in foster homes or with relatives. (Shah, 10/29)

Cincinnati Enquirer: Heroin-Addicted Cry Out For Treatment Now, But Help Can Be Slow

Addiction doctors say that the Cincinnati region does not have enough treatment facilities for everyone who needs the help. Many who want treatment do not know how to get what is available, and many who are addicted do not have the means, including transportation or a phone, to find treatment. (DeMio, 10/29)

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Cleveland Plain Dealer: Cuyahoga County Files Lawsuit Accusing Drug Companies Of Racketeering, Leading To Opioid Epidemic

Cuyahoga County officials on Friday filed a lawsuit accusing several major prescription drug companies of intentionally misleading the public about the dangers of opioids to sell more painkillers as they raked in "blockbuster profits." The 269-page complaint, filed in Cuyahoga County Common Pleas Court, claims drug manufacturers, distributors and four influential doctors unjustly enriched themselves as they acted as a criminal enterprise and conspired to break numerous state laws meant to protect consumers. (Shaffer, 10/27)

### **13. Beyond Privacy Concerns: Interactive Gadgets Can Pose Threat To Children's Psychology**

Children, who are learning what's appropriate social interaction, can be affected more than adults by the human-computer relationship that's becoming more commonplace in homes. In other public health news: early menopause, the shingles vaccine, fatty liver disease, racism, and gun safety.

NPR: Parenting In The Age Of Alexa, Are Artificial Intelligence Devices Safe For Kids? Earlier this month, the toy-giant Mattel announced it had pulled the plug on plans to sell an interactive gadget for children. The device, called Aristotle, looked similar to a baby monitor with a camera. Critics called it creepy. Powered by artificial intelligence, Aristotle could get to know your child — at least that was how the device was being pitched. (Doupleff and Aubrey, 10/30)

The New York Times: Underweight Women At Risk Of Early Menopause

Underweight women are at increased risk for early menopause, a new study has found. This study, in Human Reproduction, followed 78,759 premenopausal women ages 25

to 42 beginning in 1989. Over the following 22 years, 2,804 of them reported natural menopause before age 45. (Bakalar, 10/26)

#### The Washington Post: Who Should Get The Shingrix Shingles Vaccine

Barbara Campbell has twice had shingles. Each time, one side of her body was covered in "thousands of these horrid blisters." She could only wear the lightest silk blouse. Anything else touching her skin hurt too much. "I'm in terror of having it happen again," said Campbell, 79, of Fort Lauderdale, Fla., describing the painful rash that will affect almost 1 out of 3 people in their lifetime. Because of allergies, she couldn't get the Zostavax vaccine, which is made with live, albeit weakened virus. (Sun, 10/28)

#### The Washington Post: Nonalcoholic Fatty Liver Disease Is Fast-Growing Reason For Liver Failure--And Transplants--In Young People.

Nonalcoholic fatty liver disease and its more aggressive form, nonalcoholic steatohepatitis, have become the fastest-growing reasons for liver transplants in young Americans, according to a recent study. Typically, older adults experience the slow progression of fatty liver disease that is not related to alcohol but can lead ultimately to liver cirrhosis. As a result of increasing childhood obesity, hypertension and diabetes, however, more young adults are reaching end-stage liver disease early in life, researchers say. (Crist, 10/29)

#### WBUR: Racism Is Literally Bad For Your Health

A new survey conducted by NPR, the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health asked members of different ethnic and racial groups about their experiences with discrimination. Ninety-two percent of African-American respondents said they felt discrimination against African-Americans exists in the United States today, and at least half said they have experienced it themselves at work or when interacting with police. (Martin, 10/28)

Columbus Dispatch: Here's Why Your Kid's Doctors Might Ask You If You Own A Gun Like Fuller, physicians across the country are viewing firearms violence as a public-health threat and asking patients about guns as they would any other safety issue, said Dr. Michael Munger, president of the American Academy of Family Physicians. These conversations aren't new, but Munger said the topic is being brought to the forefront by mass shootings. (Viviano, 10/29)

#### PHARMACEUTICALS

### **14. Times Are A Changing: Amazon's Plans, CVS-Aetna Talks Reveal A Shift In PBM Landscape**

**From:** Kaiser Health News  
**Sent:** Tuesday, November 7, 2017 7:04 AM  
**To:** Alexander, Steven  
**Subject:** KHN Morning Briefing: November 7, 2017

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# **KHN** Morning Briefing

KAISER HEALTH NEWS

**Tuesday, November 07, 2017**

Check Kaiser Health News online for the latest headlines= A

## NOTE TO READERS

Planning for end-of-life medical care can be daunting and uncomfortable, which is why so many people put it off – or don't do it at all. Tune in here on **Wednesday Nov. 8 from 3 p.m. until 4:30 p.m. ET** to join KHN's live discussion.

## In This Edition:

### KAISER HEALTH NEWS ORIGINAL STORIES

1. **Liquid Gold: Pain Doctors Soak Up Profits By Screening Urine For Drugs**
2. **Ohio's Drug-Pricing Ballot Question Triggers Voter Confusion**
3. **Medicaid Chief Suggests Feds Are Willing Now To Approve Work Requirements**
4. **Beyond Stigma And Bias, Many Transgender People Struggle With Mental Health**
5. **Hospice Workers Who Care For The Dying Don't Plan Ahead Themselves**
6. **Political Cartoon: 'Sinking Feeling?'**

### HEALTH LAW

7. **Health Law Signups, Traffic To Healthcare.gov Surge In First Few Days Of Open Enrollment**

**8. GOP Lawmakers Don't See Repeal Of Individual Mandate Getting Added To House Version Of Tax Bill**

**9. Trump Administration Keeping Executive Order To Repeal Individual Mandate In Its Back Pocket**

#### **MEDICAID**

**10. Maine Voters Set Today To Decide Whether To Expand Medicaid Enrollment**

**11. Pa. Officials Delay Shift To Medicaid Managed Care For Some People In Philadelphia**

#### **PUBLIC HEALTH AND EDUCATION**

**12. Mental Illness Becomes Scapegoat After Mass Shootings, But The Truth Is Far More Nuanced, Experts Say**

**13. End-Of-Life Guidance For Heart Disease Stuck In The Past When It Used To Kill Quickly**

#### **PHARMACEUTICALS**

**14. Scrutiny Of Opioid Addiction Drug Marketing Intensifies As Sen. Harris Seeks Information From Alkermes**

**15. Valeant Is Selling Female Libido Pill Back To Former Owner, But Is Drug 'Dead In The Water'?**

#### **MARKETPLACE**

**16. Tenet Healthcare Reports Third-Quarter Loss Of \$366 Million**

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#### **STATE WATCH**

**17. State Highlights: The Crackdown On Doctors That Never Materialized; Key West's Sole Community Provider Still Grappling With Aftermath Of Storm**

#### **EDITORIALS AND OPINIONS**

**18. Perspectives On Gun Violence: Mass Shootings Are Not 'Inevitable'; It Is 'A Mental Health Issue'**

**19. Viewpoints: Advance Directives And Dementia; When Scientific Trials Take Place In Court**

**From Kaiser Health News:**

## KAISER HEALTH NEWS ORIGINAL STORIES

### **1. Liquid Gold: Pain Doctors Soak Up Profits By Screening Urine For Drugs**

With the nation's opioid crisis, urine testing has become a booming business and is especially lucrative for doctors who operate their own labs, a Kaiser Health News investigation finds. And dozens of practitioners have earned "the lion's share" of their Medicare income exclusively from urine drug screens. (Fred Schulte and Elizabeth Lucas, 11/6)

### **2. Ohio's Drug-Pricing Ballot Question Triggers Voter Confusion**

Millions of dollars in campaign spending and a media blitz of advertisements muddy public understanding of Issue 2, the Drug Price Relief Act. (Shefali Luthra, 11/7)

### **3. Medicaid Chief Suggests Feds Are Willing Now To Approve Work Requirements**

Seema Verma, the head of the Centers for Medicare & Medicaid Services tells state officials that she envisions changes that could include work requirements for Medicaid enrollees. (Phil Galewitz, 11/7)

### **4. Beyond Stigma And Bias, Many Transgender People Struggle With Mental Health**

New data show transgender people are more likely to have suicidal thoughts and to attempt suicide. Public hostility toward them, including efforts to ban them from public bathrooms and military service, is making things worse, researchers say. (Anna Gorman, 11/7)

### **5. Hospice Workers Who Care For The Dying Don't Plan Ahead Themselves**

Fewer than half of health care workers at a nonprofit Florida hospice had completed advance directives for end-of-life care. (JoNel Aleccia, 11/7)

### **6. Political Cartoon: 'Sinking Feeling?'**



Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Sinking Feeling?'" by Milt Priggee.

Here's today's health policy haiku:

### **OUR CHILDREN CONTINUE TO BE SLAUGHTERED**

Gun rights versus life?  
Mental health funding reduced?  
Congress **MUST** change this!

- Anonymous

If you have a health policy haiku to share, please Contact Us and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

## **Summaries Of The News:**

### **HEALTH LAW**

#### **7. Health Law Signups, Traffic To Healthcare.gov Surge In First Few Days Of Open Enrollment**

Despite fears that Trump administration's actions to cut the outreach budget for the health law would undermine sign ups, the numbers spiked over last year according to a source who spoke on the condition of anonymity. However, usually signups this early are consumers renewing coverage, not new customers. Meanwhile, insurers are opening their own wallets to make up for the lack of federal marketing for the health law.

#### **The Hill: ObamaCare Signups Surge In Early Days To Set New Record**

A record number of people signed up for ObamaCare in the first few days of open enrollment this year compared to the same period in previous years, several sources close to the process told The Hill. The surge in sign-ups, which was confirmed by an administration official, comes despite fears from Democrats that enrollment would fall

off due to the Trump administration's cutbacks in outreach and advertising. (Sullivan, 11/6)

#### The Washington Post: ACA Sign-Ups Spike At Open Enrollment's Start

More than 200,000 Americans chose a plan on Nov. 1, the day open enrollment began, according to one administration official. That's more than double the number of consumers who signed up on the first day of enrollment last year. More than 1 million people visited HealthCare.gov, the official federal website, the official said, which amounts to roughly a 33 percent increase in traffic compared with 2016. These figures capture only a portion of the nation's overall ACA enrollment, because they encompass states that either use the federal health-care marketplace or rely on its website for their consumers to sign up for coverage. More than a dozen states and the District of Columbia run their own programs and do not use HealthCare.gov. (Eilperin, 11/6)

#### WBUR: Open Enrollment Is Underway, Amid Attempts To Hobble ACA

It's open enrollment for Americans buying health insurance through the exchanges under the Affordable Care Act. This year's enrollment period has been cut in half, and some consumers may face higher premiums because the Trump administration has discontinued cost-sharing payments that used to subsidize insurance providers for covering low-income customers. (Chakrabarti, 11/6)

Reuters: Insurers Step Up Pitch For Obamacare As Government Slashes Its Effort  
President Donald Trump's 90 percent cut to Obamacare advertising has U.S. health insurers in many states digging deeper into their pockets to get the word out about 2018 enrollment, which opened last week. Independence Blue Cross, a health insurer in Pennsylvania, has commissioned a tractor trailer truck to bring insurance consultants out to shopping centers and other neighborhood spots around Philadelphia. (Humer, 11/6)

#### Modern Healthcare: Trump's Short-Term Insurance Ploy Could Have Long-Term Consequences

Holly Monger seems like an unlikely candidate for short-term health insurance, the type of just-in-case policy known for being cheap and skimpy. She's self-employed, helping clients wade through mountains of medical bills to appeal on their behalf or to educate them about health insurance options. When it came to buying her own plan, the Obamacare public health insurance exchange was too expensive, Monger says. So last year she bought a short-term policy with a roughly \$400 monthly premium, less than half the cost of a private plan she looked at. She'll pay the \$695 federal tax penalty, too, since her plan doesn't meet the requirements of the Affordable Care Act; it doesn't cover preventive care, for example. (Schorsch, 11/6)

Meanwhile, on the topic of picking employer-based coverage --

#### The New York Times: Why So Many People Choose The Wrong Health Plans

If you get health insurance from your employer, you have to make decision every year about which coverage to choose. So here is a warning: If you are simply sticking with an old plan with a low deductible, that may well be a wrong and costly choice. ... Because of human quirks, lack of understanding and overly complicated plans, many people are paying more without getting anything extra in return. (Thaler, 11/4)

#### The New York Times: Which Health Plan Is Cheaper?

Doing a thorough comparison of health care plans is difficult. But there is an imperfect, yet fairly, simple way to check whether a high-deductible plan might qualify for "no-brainer" status, meaning, it enables you to save on health care no matter how often you go to the doctor. Here's how to do it. (Thaler, 11/4)

### **8. GOP Lawmakers Don't See Repeal Of Individual Mandate Getting Added To House Version Of Tax Bill**

"It hasn't ever been in the [House] bill," said one Republican on the Ways and Means Committee. "I expect that it will be added somewhere down the sausage-making venture." Meanwhile, lawmakers may be considering changes to taxes on health savings accounts.

#### The Hill: GOP Unlikely To Repeal ObamaCare Mandate In Tax Measure

The House is unlikely to repeal the mandate to buy insurance under ObamaCare as part of its tax-reform bill, GOP sources say, though the issue could return down the road. President Trump and conservative lawmakers are pushing for the individual mandate to be repealed in the bill, but House Ways and Means Committee Chairman Kevin Brady (R-Texas) has expressed worry that the controversial measure would jeopardize the broader tax-reform bill, given the Senate's failure on health care earlier this year. (Wong and Sullivan, 11/6)

#### CQ: Republicans Could Target HSAs In Bipartisan Health Tax Deal

Ways and Means Committee Chairman Kevin Brady told reporters Monday night that an emerging bipartisan agreement to delay some medical care taxes could include changes to health savings accounts. "We are working with our Democrats on a bipartisan agreement on the medical device tax and health insurance tax, and perhaps HSAs as well," the Texas Republican said Monday night. "And we expect that to be part of the discussion on CHIP and teaching health centers and all that." (McIntire, 11/6)

## **9. Trump Administration Keeping Executive Order To Repeal Individual Mandate In Its Back Pocket**

The draft order would broaden the “hardship exemption” that the Obama administration established for those who face extraordinary circumstances.

The Washington Post: White House Seeks To Weaken ACA’s Individual Mandate, With Executive Order As Backup Plan

White House officials have prepared an executive order that would weaken the Affordable Care Act’s requirement that taxpayers demonstrate proof of insurance, according to people briefed on the matter, suggesting they will issue it if congressional Republicans cannot achieve the same goal through the tax reform process. President Trump supports abolishing the insurance requirement, called the individual mandate, but he cannot eliminate it unilaterally because it is enshrined in law. Given that several Republican bills aimed at unraveling the ACA have failed, Trump and his deputies are now seeking other ways to scale back the requirement for health-care coverage. (Eilperin and Sullivan, 11/6)

The Hill: Trump Preparing Executive Order To Scale Back ObamaCare’s Individual Mandate: Reports

The White House is reportedly preparing an executive order to weaken ObamaCare’s individual mandate in the event congressional Republicans don’t include the measure in the tax-reform bill. According to the Washington Examiner and The Washington Post, the draft executive order would seek to broaden the “hardship exemptions” to the requirement that taxpayers must demonstrate proof of insurance or pay a fine. (Weixel, 11/6)

### **MEDICAID**

## **10. Maine Voters Set Today To Decide Whether To Expand Medicaid Enrollment**

Lawmakers have five times passed bills to expand the state’s Medicaid program under the federal health law, but the governor has vetoed the measures.

The Associated Press: Mainers Set To Vote On Whether To Expand Medicaid  
Voters in Maine are headed to the polls Tuesday to decide if they want to join 31 other states and expand Medicaid under former President Barack Obama’s Affordable Care

Act. It's the first time since the law took effect that the expansion question has been put before voters. (11/7)

NPR: Maine Voters Will Decide If They Want More Access To Medicaid

Question 2 asks Maine voters if they want to provide roughly 70,000 Mainers with health care coverage by expanding eligibility of Medicaid, known as MaineCare. It provides health coverage for people living at or near the poverty line. The national battle over Medicaid expansion began with a 2012 U.S. Supreme Court decision that conservatives originally hoped would hobble the Affordable Care Act, President Obama's signature legislative achievement. (Mistler, 11/7)

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## **11. Pa. Officials Delay Shift To Medicaid Managed Care For Some People In Philadelphia**

The implementation for elderly and disabled enrollees needing long-term care services is put back a year. In other Medicaid news, Arkansas officials say the wait for federal approval of a new waiver is delaying plans to change eligibility standards, Virginia lawmakers get an estimate of costs for next year, Iowa officials assert that a lawsuit brought by disabled enrollees is now moot and a Republican lawmaker running for governor in Oregon seeks a probe of overpayments.

The Philadelphia Inquirer: Pa. Delays Major Long-Term Care Shift In Philadelphia Area  
The Pennsylvania Department of Human Services on Monday delayed the shift to managed Medicaid for long-term services and supports in Southeastern Pennsylvania. The new system, which requires elderly beneficiaries and younger individuals with disabilities to sign up with Medicaid managed-care companies, will start in the Philadelphia region in January 2019, instead of July 2018, "to allow for the deliberate and purposeful implementation" of the program, known as Community Health Choices, in the most populous region of the state. (Brubaker, 11/6)

Arkansas Online: State Medicaid Changes Delayed

With federal approval taking longer than expected, Arkansas officials said Monday, they expect to have to wait until after Jan. 1 to implement state-sought changes to Arkansas' expanded Medicaid program. Amy Webb, a spokesman for the state Department of Human Services, said the department will need 60 days after federal approval is granted to implement the changes, which include moving about 60,000 people off the program by restricting eligibility to people with incomes of up to 100 percent of the poverty level, instead of 138 percent of the poverty level. To start by Jan. 1, as had

been planned, the department needed to receive approval from the federal Centers for Medicare and Medicaid Services by Thursday. (Davis, 11/7)

Richmond Times-Dispatch: Medicaid Costs To Rise By \$671 Million, But Congress' Inaction On Children's Health Insurance Could Cost State Extra \$195 Million  
Virginia's Medicaid program will cost the state an additional \$670.6 million over three years, but it could have been worse ? 4 and it will be unless Congress acts soon to restore federal funding for children's health insurance. The new forecast, compiled by the Department of Medical Assistance Services and made public Monday by Gov. Terry McAuliffe's administration, provides the governor and the General Assembly a clearer road map for reaching the next two-year budget. It will be driven largely by the additional cost of Medicaid, K-12 education and building the state's cash reserves to hedge against potential economic downturns. (Martz, 11/6)

The Des Moines Register: AmeriHealth's Exit Should Curtail Disabled Residents' Suit Against Iowa, State Lawyers Say  
The departure of a controversial Medicaid management company should block a federal lawsuit against Iowa's human-services director, state lawyers say. The lawsuit was filed in June on behalf of six Iowans with disabilities, who argue that the state's shift to private management of Medicaid led to illegal cuts to their in-home care services. The plaintiffs say without those services, they could be forced to move into nursing homes, violating their constitutional rights. The lawsuit is being spearheaded by the advocacy group Disability Rights Iowa, which has asked a federal judge to declare the suit a class-action case on behalf of about 15,000 Iowans with disabilities. ... The state lawyers noted in a court filing last week that AmeriHealth oversees Medicaid benefits for all six initial plaintiffs in the Disability Rights Iowa lawsuit. (Leys, 11/6)

The Oregonian: Knute Buehler Calls For Independent Inquiry Into Medicaid Overpayments  
Republican gubernatorial candidate Knute Buehler called on Gov. Kate Brown Monday to appoint an independent lawyer to investigate why Oregon overpaid more than \$74 million in Medicaid money to health care organizations. Buehler, who is an orthopedic surgeon and lawmaker from Bend, also called for Brown to recoup the money and publicly release all records of her administration's communications about the overpayments. (Borrud, 11/6)

## PUBLIC HEALTH AND EDUCATION

### **12. Mental Illness Becomes Scapegoat After Mass Shootings, But The Truth Is Far More Nuanced, Experts Say**

Saying mental illness is to blame for mass violence incidents not only misses the complexities at the root of the motivation, but also besmirches millions of non-violent mentally ill people, experts say in the wake of the Texas shooting which left 26 dead. President Donald Trump said the shooting was a "mental health" problem and not a "guns situation."

The Associated Press: Trump Calls Attackers 'Deranged' But Mental Health Link Weak  
President Donald Trump called the Texas church shootings gunman "deranged," the New York bike path attacker "a very sick and deranged person," and the Las Vegas massacre shooter "a sick, demented man." It's a common reaction to mass violence — who in their right mind would commit these senseless crimes? The truth is more nuanced. (Tanner, 11/6)

San Francisco Chronicle: Trump Wrong To Blame Mass Killings On Mental Illness Rather Than Guns, Experts Say  
President Trump on Monday attributed the slaughter of 26 people in a Texas church — the nation's third mass killing in five weeks — to "a mental health problem," saying it wasn't a "guns situation." ...Critics say blaming mass killings on "mental health problems" is not only medically inaccurate, it is politically disingenuous — a "fig leaf," to make it appear that Trump is doing something about gun violence. (Garofoli, 11/6)

NPR: In Texas And Beyond, Mass Shootings Have Roots In Domestic Violence  
In the wake of the massacre at a small-town Texas church on Sunday, many people are asking why. We know that a large portion of the mass shootings in the U.S. in recent years have roots in domestic violence against partners and family members. Depending on how you count, it could be upwards of 50 percent. (Fulton, 11/7)

Los Angeles Times: Gun Injuries In The U.S. Have Become More Severe Since The 1990s, Study Says  
If the purpose of a gun is to inflict serious damage to a body, then these weapons have become increasingly effective, new research shows. An analysis of U.S. hospital records shows that gun injuries bad enough to land a victim in the hospital grew more severe over the course of two decades. Wounds involving "serious open fractures" — trauma that pairs a break in the skin with a broken bone — increased by 0.61% per year between 1993 and 2013. Meanwhile, gun injuries classified as "minor" fell by 0.74% per year during the study period. (Kaplan, 11/6)

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### **13. End-Of-Life Guidance For Heart Disease Stuck In The Past When It Used To Kill Quickly**

Heart disease has become a chronic condition, but unlike cancer, many doctors don't know how to deal with patients they can no longer help but are still alive. In other public health news: Alzheimer's, diabetes, sleep, vaccines, genetic tests, and more.

The New York Times: For Patients With Heart Failure, Little Guidance As Death Nears  
Ricky Hurst's doctors told him last year that there was nothing more they could do. His heart was failing and he should get his affairs in order. The end was coming. His family gathered. He spoke to his pastor and resigned himself to death. "If it was meant to be, it was meant to be," he said. (Kolata, 11/6)

Stat: Bipartisan Bill Pushes For The 'Next Step' In Solving Alzheimer's  
A bipartisan group of four senators on Monday introduced a bill they say would better align Alzheimer's treatment and prevention strategies with public health approaches for other chronic health conditions, allowing the Centers for Disease Control and Prevention to "create a modern infrastructure for the prevention, treatment, and care of Alzheimer's and related dementias." The legislation, authored by Sens. Susan Collins (R-Maine), Catherine Cortez Masto (D-Nev.), Shelley Moore Capito (R-W.Va.), and Tim Kaine (D-Va.), focuses on improving early detection mechanisms, local health program coordination, and data-gathering operations. (Facher, 11/6)

NPR: A Quest: Insulin-Releasing Implant For Type-1 Diabetes  
Scientists in California think they may have found a way to transplant insulin-producing cells into diabetic patients who lack those cells — and protect the little insulin-producers from immune rejection. Their system, one of several promising approaches under development, hasn't yet been tested in people. But if it works, it could make living with diabetes much less of a burden. For now, patients with Type-1 diabetes have to regularly test their blood sugar levels, and inject themselves with insulin when it's needed. (Palca, 11/6)

NPR: Sleepless Night Leaves Some Brain Cells As Sluggish As You Feel  
When people don't get enough sleep, certain brain cells literally slow down. A study that recorded directly from neurons in the brains of 12 people found that sleep deprivation causes the bursts of electrical activity that brain cells use to communicate to become slower and weaker, a team reports online Monday in Nature Medicine. (Hamilton, 11/6)



The Denver Post: Connecting Moms-To-Be And Doctors Online Can Boost Vaccination Rates, Study Says

Being able to connect with doctors online during pregnancy about vaccine concerns may encourage new mothers to make sure their babies get all the recommended shots, according to a new study in Colorado. Researchers at the Kaiser Permanente Colorado Institute for Health Research found that, when moms-to-be were able to ask questions of doctors and other experts through a specially made website, their children were significantly more likely to be fully vaccinated after six months than if the moms weren't given the option of online interaction. (Ingold, 11/6)

Stat: FDA Clears The Way For More Consumer Genetic Health Tests To Hit The Market

The floodgates for direct-to-consumer genetic tests are swinging wide open. The Food and Drug Administration plans on loosening many of the regulations surrounding genetic health risk tests, or GHRs, according to a statement Monday from Commissioner Scott Gottlieb. It's a change of course for the agency, which in 2013 put a freeze on direct-to-consumer marketing of genetic tests for health conditions. Since then, the FDA has generally been approving tests one by one before they hit the market. (Keshavan, 11/6)

Stat: Tiny Human Brain Organoids Implanted Into Rodents, Triggering Ethical Concerns  
Minuscule blobs of human brain tissue have come a long way in the four years since scientists in Vienna discovered how to create them from stem cells. The most advanced of these human brain organoids — no bigger than a lentil and, until now, existing only in test tubes — pulse with the kind of electrical activity that animates actual brains. They give birth to new neurons, much like full-blown brains. And they develop the six layers of the human cortex, the region responsible for thought, speech, judgment, and other advanced cognitive functions. (Begley, 11/6)

Kaiser Health News: Beyond Stigma And Bias, Many Transgender People Struggle With Mental Health

Diana Feliz Oliva, a 45-year-old transgender woman who grew up outside Fresno, Calif., remembers being bullied when she was younger and feeling confused about her gender identity. She was depressed and fearful about being found out, and she prayed every night for God to take her while she slept. "I was living in turmoil," said Oliva, who now works as health program manager in a clinic for transgender people at St. John's Well Child & Family Center in Los Angeles. "Every morning, I would wake up and I knew I would have to endure another day." (Gorman, 11/7)

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## PHARMACEUTICALS

### **14. Scrutiny Of Opioid Addiction Drug Marketing Intensifies As Sen. Harris Seeks Information From Alkermes**

Sen. Kamala Harris (D-Calif.) points to reports that pharmaceutical company Alkermes has attempted to increase sales of Vivitrol -- a monthly shot to treat opioid addiction -- by playing up misconceptions about other medications and trying to limit their availability.

#### **Stat: Harris Calls For Probe Into Alkermes And Its Vivitrol Promotion For Opioid Treatment**

A mid a worsening opioid crisis, a U.S. senator has opened a probe into Alkermes and its controversial promotion of the Vivitrol monthly shot for combating opioid addiction. The move comes as Alkermes is scrutinized for aggressive lobbying and marketing. The company has spent heavily on contributions to lawmakers who are trying to mitigate opioid abuse. In state legislatures across the country, the drug maker has pushed bills that favor its treatment over rival medicines. And Alkermes has provided thousands of free doses to encourage usage in jails and prisons. (Silverman and Facher, 11/6)

#### **The Hill: Sen. Harris Seeks Information From Maker Of Opioid Treatment**

"According to these reports, Alkermes has targeted much of its promotion for Vivitrol at law enforcement officials and lawmakers, efforts which have included the assignment of sales representatives to judges overseeing drug courts and free shots to inmates leaving jails and prisons," Harris wrote in a letter Monday to Alkermes's CEO and chairman, Richard Pops. (Roubein, 11/6)

#### **Bloomberg: Senator Investigates How Drugmaker Alkermes Pushed Its Opioid-Addiction Treatment**

An Alkermes spokesman said in a statement that the company strongly disagrees with Harris's claims and is "focused on ensuring that patients, health-care professionals and criminal justice officials are educated on Vivitrol and believes that patients should have access to all medications." (Rausch, 11/6)

#### **Sacramento Bee: Kamala Harris Scrutinizes Opioid Treatment Drug Manufacturer**

In her letter to Pops, Harris asks the company to provide a list of documents, including: A list of judicial officials and drug courts to which Alkermes has assigned sales representatives; A list all jails or prisons at which Alkermes has provided free Vivitrol shots; Copies of any educational materials provided to law enforcement personnel or

judges; Research or data “concerning the superiority of Vivitrol as an opioid addiction treatment.” (Cadei, 11/6)

In other news on the epidemic ¶ 4

Stateline: For Addicted Doctors, Confidential Treatment That Works

They are among hundreds of physicians from across the country who come to this quiet, pine-shaded retreat 25 miles north of Birmingham, where they can get mental health and addiction treatment without jeopardizing their medical licenses. Bradford [Health Services] addiction treatment regimen isn't unique — more than a dozen other addiction centers across the country offer similar programs — but when combined with other services offered by state organizations known as physician health programs, it is extraordinarily effective. (Vestal, 11/6)

The Hill: Trump's Anti-Opioid Advertising Campaign Needs Millions

President Trump's plan to use a blizzard of advertising to help stem the opioid crisis faces a serious funding challenge. Similar initiatives have been backed by hundreds of millions in federal funding, but it's not clear if — or how soon — the money for Trump's initiative could come. (Roubein, 11/5)

Miami Herald: To Fight Opioid Crisis, Florida's Largest Insurer Stops Covering OxyContin

That leftover bottle of painkillers in your medicine cabinet is one of the reasons that Florida's largest health insurance company will stop covering OxyContin, the brand name prescription opioid, beginning Jan. 1. Instead, the insurer will start covering an alternative opioid that isn't crushable for injection or snorting, reducing its potential for abuse, the company said Monday. (Chang, 11/6)

## **15. Valeant Is Selling Female Libido Pill Back To Former Owner, But Is Drug 'Dead In The Water'?**

The drug, Addyi, garnered lots of attention and controversy when it was approved by the Food and Drug Administration, but then it flopped.

Stat: Valeant Sells Its Addyi Female Libido Pill To Former Owners, But Will It Ever Catch On?

Will the Addyi female sexual dysfunction pill ever generate any excitement? Two years after betting \$1 billion on the drug, Valeant Pharmaceuticals (VRX) has agreed to sell Sprout Pharmaceuticals, which initially won regulatory approval for the drug, back to its

shareholders. The deal ends a lawsuit filed against the drug maker by former Sprout shareholders – and Valeant is providing a \$25 million loan. (Silverman, 11/6)

**Bloomberg: Valeant Gives \$1 Billion Female Libido Pill Back To Old Owners**  
Valeant Pharmaceuticals International Inc. is getting out of the controversial female libido pill business -- but the deal it made in 2015 to buy the drug may continue to haunt its shareholders. In a strange twist, the drugmaker said Monday it will give the pill -- acquired for \$1 billion -- back to its original owners for almost nothing. In return, the owners will end a lawsuit alleging Valeant bungled marketing of the drug. (Koons, 11/6)

In other pharmaceutical news —

**Politico: Lawmakers Defend 'Unprecedented' Pentagon Health Panel, Which Could Undermine FDA**  
The Defense Department — and not FDA — would have the power to approve drugs and medical devices under the defense policy bill that's being hammered out by a conference committee, alarming congressional health staff and HHS who say it would undermine medical safety and potentially put soldiers at risk. But the lawmakers backing the bill, including House Armed Services Chairman Mac Thornberry (R-Texas), say the measure is necessary and even overdue. (Diamond, 11/6)

## MARKETPLACE

### **16. Tenet Healthcare Reports Third-Quarter Loss Of \$366 Million**

The company has implemented new cost controls and 1,300 job cuts. It attributes part of the loss to less volume because of the hurricanes that struck Texas and Florida.

**Modern Healthcare: Tenet Posts Operating Loss Of \$366 Million In Third Quarter**  
Tenet Healthcare Corp., Dallas, reported a net loss from continuing operations in the third quarter of \$366 million, up from a loss of \$9 million a year earlier. Same-hospital patient revenue fell 2.3% to \$3.777 billion from \$3.867 in the same respective periods, according to the company. (Barr, 11/6)

**Dallas Morning News: Tenet Healthcare Reports A Quarterly Loss That's 45 Times Higher Than Last Year**  
Shares of Dallas-based hospital operator Tenet Healthcare continued to dip in after hours trading on Monday as the company reported a third quarter loss of \$367 million. That's about 45 times higher than the loss reported at the same time last year. The

company slashed its annual earnings outlook by about \$50 million. At \$12.65 per share, the ailing health care company's stock is at a five-year low. (Rice, 11/6)

## STATE WATCH

### **17. State Highlights: The Crackdown On Doctors That Never Materialized; Key West's Sole Community Provider Still Grappling With Aftermath Of Storm**

Media outlets report on news from California, D.C., Ohio, Florida, Georgia, Tennessee, Minnesota, Louisiana and Texas.

Los Angeles Times: Why Hasn't California Cracked Down On Anti-Vaccination Doctors?

A year ago, California officials appeared to be coming down hard on doctors and parents who were reluctant to vaccinate children. The state had just implemented one of the strictest vaccination laws in the nation. The medical board was threatening to pull the license of Dr. Robert Sears, a celebrity in the anti-vaccine community. One vaccine skeptic called the case against Sears "a shot across all the doctors' bows." 0 (Karlamañgla, 11/6)

Modern Healthcare: In The Eye Of The Storm: Hurricane Irma Puts Sole Community Provider In Key West To The Test

More than a month after Hurricane Irma tore through the Florida Keys, Lower Keys Medical Center is still grappling with its aftermath. About 5% of the facility's employees still haven't returned after the storm devastated the Keys and flattened their homes. Another 28 employees lost everything. The majority of those employees are shuffling from one hotel to the next, while Lower Keys Medical does what it can to find them shelter. (Livingston, 11/4)

The Washington Post: Two More Former UMC Employees Criticize Consultants As Contract Vote Looms

Two more high-ranking former employees of the District's only public hospital stepped forward Monday to criticize the firm running the facility, even as the company's owner fought back on the eve of a high-stakes D.C. Council vote on whether it should continue to manage United Medical Center. Pamela Lee, the hospital's former chief operating officer, and Stanley Pierre, its former quality director, said the consulting firm, Veritas of Washington, had taken steps to remove critical safeguards for patients —

particularly by understaffing the department that ensures quality of care and compliance with state and federal laws. (Jamison, 11/6)

**Kaiser Health News: Ohio's Drug-Pricing Ballot Question Triggers Voter Confusion**  
Lawmakers in the nation's capital have yet to grapple with rising drug costs, but Ohio voters are being asked — in a single ballot-box question next week — to figure out how best to lower the tab the state pays for prescriptions. The Drug Price Relief Act, better known as Ohio Issue 2, has been promoted and pilloried in a dizzying crush of robocalls, TV and radio ads, and direct mailings. (Luthra, 11/7)

**Georgia Health News: Survey Finds Georgia Employers Have Health Costs Below Average**

Georgia employers' health care costs are lower than the national average, a recent survey has found. And the survey — done by New York-based Mercer, the world's largest human resources consulting company — finds that employers in the Peach State offer what are called "consumer-driven health plans" at a greater rate than their national counterparts. (Miller, 11/6)

**Los Angeles Times: San Diego's Hepatitis A Outbreak Continues To Grow, But More Slowly**

Though the case count in San Diego's ongoing hepatitis A outbreak increased again Monday, officials said that the number of new infections continues to slow. In a presentation to the San Diego County Board of Supervisors, Dr. Wilma Wooten, the county's public health officer, showed a chart that indicated there were 31 cases in October, significantly fewer than the 81 reported in September and 94 in August — the largest total of the outbreak so far. (Sisson, 11/6)

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**The Tennessean: ER Doctor-Owned Urgent Care Clinic To Open In West Nashville**  
An urgent care clinic owned by local emergency room physicians is on track to open in West Nashville later this month. Physicians Urgent Care will be open seven days a week for people who need treatment for minor issues for which an emergency room trip is not necessary, said Dr. Ty Babcock, managing partner and one of seven physician co-owners. (Fletcher, 11/6)

**Minnesota Public Radio: Tuberculosis Outbreak Linked To Several Minnesota Deaths**  
Minnesota's multi-drug resistant tuberculosis outbreak spread innocently enough, in part through hours of card games played by Hmong elders at a senior center in

Ramsey County. Now, the outbreak is the largest of its kind in the nation, infecting 17 people across the state. (Yuen, 11/6)

California Healthline: Breathing Fire: Health Is A Casualty Of Climate-Fueled Blazes  
As the deadliest fires in California history swept through leafy neighborhoods here, Kathleen Sarmiento fled her home in the dark, drove to an evacuation center and began setting up a medical triage unit. Patients with burns and other severe injuries were dispatched to hospitals. She set about treating many people whose symptoms resulted from exposure to polluted air and heavy smoke. (Upton and Feder Ostrov, 11/7)

Cincinnati Enquirer: More Cancer Care Is Coming To Greater Cincinnati. Here's How And Why.

Two Cincinnati area hospital systems plan new facilities that could change how local residents get screened, diagnosed and treated for cancer. Here are some reasons for the evolving landscape, and what it means to you. (Saker, 11/6)

Minnesota Public Radio: HCMC Experiments With New Ways To Detect And Treat Brain Injuries

Many people suffer from brain injuries from falls, collisions or accidents — and finding a cure for those injuries has doctors stumped. The Brain Injury Research Lab at Hennepin County Medical Center is studying better ways to detect and treat brain injuries. (Weber, 11/6)

New Orleans Times Picayune: In 4 Days, 2 Inmates Hospitalized After New Orleans Jail Stay Have Died

Two inmates died within four days of each other after each was transported to the hospital from an Orleans Parish jail facility, according to the Orleans Parish Sheriff's Office. The deaths do not appear to be related. The sheriff's office earlier on Monday issued a statement saying 27-year-old Evan Sullivan died Sunday (Nov. 5) at a hospital "of apparent natural causes," after he was taken there from the jail. Hours later, The New Orleans Advocate reported a second inmate had died in recent days. The agency then issued a second news release with information about that death. (Lane, 11/6)

Columbus Dispatch: Ohio Teens Now Required To Learn What It Means To Become Organ Donor

As of this academic year, students in high-school health classes across Ohio are being exposed to information about organ donation, thanks to a new state law that requires the education. While such lessons have been available in some schools for years, this is the first time they're required by the state, said Jenny Hudak, who heads up community education outreach for Lifeline of Ohio. (Viviano, 11/6)

Dallas Morning News: New \$25 Million Medical Complex Set For Garland  
A Grapevine-based medical real estate company is building a \$25 million medical complex in Garland. The North Garland Medical Center will be constructed by New Era Partners at 7217 Telecom Parkway. The 3-story 95,000 square foot of healthcare development space will be built near Bush Turnpike at Lookout Drive and Telecom Parkway. (Brown, 11/6)

Cincinnati Enquirer: Mercury Spill Closes Portions Of Cincinnati VA Medical Center  
An environmental response team responded to the Cincinnati VA Medical Center last week after mercury leaked out of an old pipe that was moved during construction. ...The mercury spill is the latest minor building failures at the Corryville hospital, which serves more than 44,000 veterans in Greater Cincinnati. (Brookbank, 11/6)

Texas Tribune: Buda Voters To Decide Whether To Reintroduce Fluoride To Tap Water  
Buda voters on Tuesday will decide whether the Central Texas city should again add fluoride to its water supply. The widespread and decades-old practice of fluoridation — roughly two-thirds of Americans live in communities with fluoridated water supplies — is a federally recognized public health policy meant to curb tooth decay. (Riordan, 11/7)

San Francisco Chronicle: Tests Show That Lead Levels In Bay Area Drinking Water Are Not Dangerous  
Despite recent alarming revelations that children in 10 San Francisco and Oakland schools had been exposed to lead contamination well above federal safety standards, data from household water quality tests performed this year by the Bay Area's two major utilities indicate that lead levels remain well below dangerous thresholds in the vast majority of the region's homes. (Fracassa, 11/6)

## EDITORIALS AND OPINIONS

### **18. Perspectives On Gun Violence: Mass Shootings Are Not 'Inevitable'; It Is 'A Mental Health Issue'**

In response to the weekend's mass shooting in a small town in Texas, opinion writers offer their ideas on why gun violence continues to plague the United States.

The New York Times: Mass Shootings Don't Have To Be Inevitable  
There is an agonizing predictability to the mass shootings that regularly horrify the nation. The latest, in which 26 churchgoers were shot to death at Sunday worship in Texas, offered all the most cruel and terrifying characteristics. It was carried out by a



disturbed individual with easy access to assault weapons adapted from military warfare and marketed in the spurious name of sportsmanship. (11/6)

USA Today: Trump's Right, This Is A Mental Health Issue

President Trump's suggestion that the tragedy in Texas is a mental health issue rather than a gun issue deserves more than an arrogant dismissal by gun control proponents. There are roughly 90 million gun owners in the U.S. who responsibly own firearms of all kinds. They didn't harm anybody on Sunday, and indeed one of those citizens courageously grabbed his own rifle and opened fire on the killer, causing him to drop his rifle and flee the scene. We have tried numerous restrictive gun control measures, and none has lived up to sales pitches about preventing violence. (Alan M. Gottlieb, 11/6)

USA Today: After Texas Shooting, Trump And Politicians Show How Mental They Are  
Americans may someday look back in shame at a time when their country was awash in guns, when every few weeks people were slaughtered en masse and when society repeatedly mourned its dead, even as it facilitated their murder with easy access to powerful weapons. ... As shocking as the killings are, equally shocking is that the nation's political leaders do nothing to stop them. Now, these leaders even want to deny that gun violence has anything to do with ... guns. (11/6)

The Washington Post: Yes, President Trump, It's A Guns Situation

"You never expect something like this," said one official about Sunday's mass shooting in the small Texas community of Sutherland Springs. "Unimaginable," said a man whose parents were among the 26 people killed, along with a pregnant woman, an 18-month-old baby and a 14-year-old girl. Among the awful truths of what happened Sunday morning in a place where no one locks their doors is that gun violence is not unimaginable anywhere in this country. Mass shootings have become commonplace, and shootings far more so: Guns kill more than 30,000 people every year and injure roughly 80,000 more. Just as there was a last time (an outdoor musical festival a little more than a month ago in Las Vegas) and a this time (a rural Texas church), there will surely be a next time unless national lawmakers come to grips with the problem and take meaningful steps to stem the obscene and unfettered access to weapons of war. (11/6)

## **19. Viewpoints: Advance Directives And Dementia; When Scientific Trials Take Place In Court**

A selection of opinions on health care from around the country, including perspectives on the opioid crisis, a Medicare trap for people who choose to work past age 65 and the limits of behavioral economics in medicine.

#### JAMA: Advance Directives For Dementia

Standard advance directives are often not helpful for patients who develop dementia. Dementia is a unique disease from the standpoint of advance directives. ... Clinicians, perhaps unsure of the goals of care for such patients, often may continue to provide the same care they would have in the absence of dementia, without addressing whether plans should be adjusted. Clinicians and family members often find it easier to continue current treatment paths rather than having conversations about whether such care is what a person with dementia would have wanted. (Barak Gaster, Eric B. Larson and J. Randall Curtis, 11/6)

#### JAMA Internal Medicine: Scientific Trials—In The Laboratories, Not The Courts

In 2015, one of us published a peer-reviewed study, together with colleagues at the University of California, San Francisco, replicating prior research from the US Food and Drug Administration (FDA) detecting a designer stimulant,  $\beta$ -methylphenylethylamine, in sports, weight loss, and "cognitive function" supplements sold in the United States. The confirmatory study prompted the FDA to take enforcement action against companies selling the stimulant as a dietary ingredient. One of the companies that received an FDA warning letter sued the study's authors for \$200 million in damages for libel, claiming, without supporting scientific evidence, that multiple statements in the article were false. ... The case is just a recent example of using litigation to target scientists. ... When lawsuits target scientists, it does not matter that plaintiffs almost never win. It does not even matter if the case goes to trial. The goal is to intimidate. (Nicolas Bagley, Aaron E. Carroll and Pieter A. Cohen, 11/6)

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#### Detroit Free Press: Without Cash, Trump's Opioid Emergency Declaration Is A Farce Destined To Fail

When I was 14 years old, my older brother Zach overdosed on heroin. It was, not surprisingly, the defining moment of my life; a moment when I came to appreciate the tremendous strength of my family, the vital importance of friends and the overwhelming compassion of my community. Eleven years later, the opioid crisis still feels visceral and raw; I watched my mentor and friend suffer through addiction, I cried endless tears after my time with him was forced into memory, and I'm reminded of him every time I meet new families suffering through the same. I know too well Zach's struggle and the heartbreak of my family is not unique. In 2006, the year he died, 34,424 others died

from an overdose as well. Last year, that agonizing statistic grew to over 64,000. (Connor Goddard, 11/5)

Columbus Dispatch: Medicaid Cuts Threaten Programs That Saved Me  
Along with West Virginia, New Hampshire, Kentucky and Rhode Island, Ohio is in the top-five list of states that have the highest rates of drug-overdose deaths. ...Repealing the Affordable Care Act and making deep cuts to Medicaid in the federal budget would take health care away from the more than 1 million Ohioans who got coverage under the ACA. (Phillip Krauss, 11/6)

Chicago Tribune: How To Reduce The Deadly Toll Of Opioids  
At the end of the 20th century, Americans were worried about the dangers posed by crack cocaine. They didn't realize that another drug menace would soon eclipse it. Prescription opioids were gaining favor as a tool against undertreated pain. No one foresaw where this would lead: to an epidemic of opioid overdoses that the nation is only starting to confront with the urgency it warrants. (11/4)

Los Angeles Times: Working Past 65? Beware Of This Medicare Trap That Could Cost You Thousands In Taxes  
We can say two things for sure about the American workforce and its health insurance. First, more Americans are working past the traditional retirement age of 65. Second, more are taking advantage of employer insurance plans that include tax-exempt Health Savings Accounts. Add these two facts together, and you end up with a pitfall that could cost unwary American workers as much as \$2,700 a year in tax exemptions if they exercise their right to enroll in Medicare at 65. That pitfall exists because of the confusing way HSAs interact with Medicare, and because many big employers fail to help their older employees deal with the potential complexities—or even to know about them. (Michael Hiltzik, 11/6)

The New York Times: Don't Nudge Me: The Limits Of Behavioral Economics In Medicine  
Whenever I talk to physicians about outcomes that are worse than you'd expect, they are quick to point out that noncompliance — when a patient does not follow a course of treatment — is a major problem. Sometimes prescriptions aren't filled. Other times they are, but patients don't take the drugs as prescribed. All of this can lead to more than 100,000 deaths a year. (Aaron E. Carroll, 11/6)

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## **Morning Briefing: Summaries Of The News**

**Tuesday, November 28, 2017**  
headlines

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### **In This Edition:**

#### **KAISER HEALTH NEWS ORIGINAL STORIES**

- 1. Heated And Deep-Pocketed Battle Erupts Over 340B Drug Discount Program**
- 2. Parents Are Not Liable For Medical Debts Of Adult Children On Shared Insurance**
- 3. Putting Money Where Its Mouthpiece Is: Calif. Outspends U.S. To Market Obamacare**
- 4. Political Cartoon: 'Gotta Start Somewhere?'**

#### **CAPITOL HILL WATCH**

- 5. After Kicking Health Issues Down The Road, Congress Faces Day Of Reckoning**
- 6. Federal Tax Plan Could Cause Problems For Puerto Rico's Medical Manufacturers And Hurricane Recovery Efforts**

#### **HEALTH LAW**

- 7. Insurers: Allowing States To Define Essential Benefits Would Confuse Customers, Disrupt Marketplace**

#### **ADMINISTRATION NEWS**

**8. HHS Nominee Likely To Be Grilled Over Drug Prices, Pharma Connections At Hearing**

**MEDICAID**

**9. N.C. Seeks To Help Pay Doctors' Debts If They Join Medicaid Program**

**MARKETPLACE**

**10. As Walmart Scoops Up Online Retailers, Workers See Noticeable Change In Health Benefits**

**WOMEN'S HEALTH**

**11. Following Court Ruling, Arkansas Terminates Planned Parenthood's Medicaid Funding Again**

**PUBLIC HEALTH AND EDUCATION**

**12. One Stepfather's Quest: The Search For An Opioid That Won't Lead To Addiction**

**13. Gene Treatment Touted As Miraculous, Revolutionary Faces One Big Obstacle**

**STATE WATCH**

**14. State Highlights: Calif.'s Hep A Case Count Still Rising, But No New Deaths Reported; Ga. Senate Panel Pushes To Give More Power To Nurses**

**EDITORIALS AND OPINIONS**

**15. Viewpoints: The Problem With Senate Plan To Make Obamacare A Tax-Bill Target; Congress Needs To Act On CHIP**

**From Kaiser Health News:**

**KAISER HEALTH NEWS ORIGINAL STORIES**

**1. Heated And Deep-Pocketed Battle Erupts Over 340B Drug Discount Program**

Drugmakers, hospitals and lawmakers are taking sides in a showdown over a discount program that covers drug purchases at some hospitals. (Sarah Jane Tribble, 11/28)

## **2. Parents Are Not Liable For Medical Debts Of Adult Children On Shared Insurance**

Even though the federal health law allows young adults to stay on their parents' plan, those children are generally responsible for their own debts. (Michelle Andrews, 11/28)

## **3. Putting Money Where Its Mouthpiece Is: Calif. Outspends U.S. To Market Obamacare**

The state insurance exchange is committing nearly five times more money than the federal government on ads urging people to sign up for health insurance, reflecting conflicting attitudes toward the Affordable Care Act. (Ana B. Ibarra and Carmen Heredia Rodriguez, 11/27)

## **4. Political Cartoon: 'Gotta Start Somewhere?'**

Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Gotta Start Somewhere?'" by J.C. Duffy.

Here's today's health policy haiku:

### **BIG MONEY, FIERCE DEBATE: THE 340B STORY**

What's the next battle?  
A drug discount program. Can  
You guess the players?

- Anonymous

If you have a health policy haiku to share, please [Contact Us](#) and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

## **Summaries Of The News:**

CAPITOL HILL WATCH

## **5. After Kicking Health Issues Down The Road, Congress Faces Day Of Reckoning**

Among the issues Congress has on its docket in the last few legislative days of the year: an individual mandate repeal, CHIP funding and allocating money to fight the opioid epidemic.

### **The Hill: Five Health-Care Fights Facing Congress In December**

Health-care issues are at the top of Congress's hefty December to-do list. Republicans spent much of the year on a failed bid to repeal and replace ObamaCare. That's left several programs and taxes hanging in the balance as the year draws to a close, in addition to the latest health-care drama thrust into the GOP tax-reform debate. Here are five of the biggest health-care issues Congress will face next month. (Roubein, 11/26)

### **Politico Pro: Congress Faces Year-End Crunch On Health Care**

Lawmakers returning to Washington are confronting a full slate of health care issues that threaten to complicate a year-end sprint already fraught with debates over a major tax overhaul and immigration. The pileup is in part a consequence of Republicans' single-minded push to repeal and replace Obamacare, which dominated health care debates for months and repeatedly collapsed in failure. (Cancryn and Pradhan, 11/27)

**The Wall Street Journal: Senators Seek Changes To Tax Bill As Busy Week Kicks Off**  
Senate Republicans began a frenzied week of negotiations to pass a landmark tax overhaul, grappling with several blocs of wavering GOP senators and trying to cobble together enough votes. ... A third group, including Susan Collins (R., Maine) and John McCain (R., Ariz.), helped kill the Republican health-care bill earlier this year and could pose resistance over a variety of provisions, including plans to repeal the Affordable Care Act's health-insurance mandate as part of the tax bill. Mr. McCain said Monday that he is still undecided and had "a lot of things" he is concerned about. (Rubin and Hughes, 11/27)

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### **The Hill: Lawmakers Making Progress In Talks On Children's Health Care**

Congressional negotiators are making progress towards a bipartisan deal to reauthorize children's health insurance and several other important health-care programs, sources say. Staff from the relevant committees in both parties and chambers met over the Thanksgiving break and are getting closer to an agreement, according to lobbyists and aides. (Sullivan and Roubein, 11/27)



Denver Post: Congress Has Two Months To Act Or 75,000 Kids And Pregnant Women In Colorado Will Lose Health Insurance

Colorado's version of the program is called the Child Health Plan Plus, or CHP+. The state spends about \$185 million per year on CHP+, according to a report by the Colorado Department of Health Care Policy and Financing, and nearly 90 percent of that money comes from federal funds given to the state. The program also charges some enrollment fees and copays. Without renewal from Congress, Colorado has enough money to run CHP+ until the end of January, said Marc Williams, a spokesman for Health Care Policy and Financing. (Ingold, 11/27)

## **6. Federal Tax Plan Could Cause Problems For Puerto Rico's Medical Manufacturers And Hurricane Recovery Efforts**

A news outlet offers on-the-ground reports from Puerto Rico as the island continues its struggle to come back from the storm, and another looks at the struggle after Florida's hurricane for a family with a disabled child.

NPR: Puerto Rico's Medical Manufacturers Worry Federal Tax Plan Could Kill Storm Recovery

In Caguas, south of San Juan, Puerto Rico, Jared Haley is fighting a daily battle at C-Axis, the medical device manufacturer where he's the general manager. The power has been out at his plant for nearly three months, since Hurricane Irma. Operating on emergency generators, the plant restarted operations last month and, Haley says, is delivering all its work on schedule. But he's not happy now with the plant's condition. Walking into his factory, he laments, "This shop used to look like a doctor's office." (Allen, 11/27)

Miami Herald: They Do Everything For Their Sick Baby, But They Can't Fix What Hurricane Irma Broke

Javier Gonzalez leans over the crib and lifts his infant son, Joshua Jacob, into an embrace, until a tangle of power cords and a plastic tube attached to the boy's throat get in the way. Gonzalez holds the boy, nicknamed JJ, with one arm, and uses the other to brush aside the connections to the medical devices beside the crib, including a ventilator so he can breathe through a hole in his throat, and a suction machine to keep his airway clear. Gonzalez steadies JJ's neck with a gentle hand and coaxes the 20-month-old to greet a stranger. (Chang, 11/27)

HEALTH LAW

## **7. Insurers: Allowing States To Define Essential Benefits Would Confuse Customers, Disrupt Marketplace**

The Centers for Medicare & Medicaid Services wants to give states the ability to pick the essential health benefits insurers have to cover instead of having them follow the federal guidelines set out under the Affordable Care Act. Media outlets report on news related to the health law and its marketplace out of Arizona, Iowa, Wisconsin and California.

### **Modern Healthcare: Insurers Claim Their Costs Will Rise If States Pick Essential Benefits**

Health insurers fear they will be on the hook for greater healthcare costs if the CMS finalizes its proposal to allow states to define their own essential health benefits starting in 2019. In comments to the CMS, insurance companies that sell plans on the individual and small groups markets also said that giving states the ability to update their benchmark plans annually would confuse consumers and undermine the markets' stability. (Livingston, 11/27)

Arizona Republic: Did Arizonans See 116 Percent Increase In 'Obamacare' Premiums? For plans sold on and off the exchange, Blue Cross Blue Shield of Arizona had an average premium increase of 51 percent, while Ambetter raised rates 74.5 percent in Maricopa County for 2017, according to Arizona Department of Insurance rate filings. An expert with the Kaiser Family Foundation, a health policy organization, said these averages paint a "broad picture" of what consumers would pay for insurance purchased through the exchange. (Bice, 11/27)

### **Iowa Public Radio: More Iowans Choose Faith-Based Health Plans**

Members of so-called health care sharing ministries write checks every month to cover the health care bills of other members, without the guarantees and oversight of traditional insurance. Even more Iowans are expected to enroll now that some premiums under the Affordable Care Act have skyrocketed. (Russell, 11/27)

### **Milwaukee Journal Sentinel: Making An Extra \$10 Could Cost You \$24,000 More For Health Insurance**

Being eligible for the federal subsidy — whether you're \$10 or \$10,000 over the cutoff — can translate into thousands of dollars in savings when buying health insurance. And for some people, talking to a tax accountant could be as important as talking to an insurance agent or broker this year. (Boulton, 11/24)

California Healthline: Putting Money Where Its Mouthpiece Is: Calif. Outspends U.S. To Market Obamacare

The marketing blitz is on. Californians are getting barraged with online pop-up ads, radio spots and television commercials, all aimed at persuading them to sign up for Affordable Care Act health plans during this year's open-enrollment season. (Ibarra and Heredia Rodriguez, 11/27)

Milwaukee Journal Sentinel: Common Ground, Children's Community Health Plan Stand To Gain Thousands Of New Customers

Common Ground Healthcare Cooperative and Children's Community Health Plan are on their way to becoming much bigger players in the health insurance marketplaces set up by the Affordable Care Act. Children's Community Health Plan, which covered 2,900 people in November, projects that 20,000 to 30,000 people in the six southeast Wisconsin counties where it operates will sign up for its plans in the current open-enrollment period for coverage that starts Jan. 1. (Boulton, 11/27)

#### ADMINISTRATION NEWS

### **8. HHS Nominee Likely To Be Grilled Over Drug Prices, Pharma Connections At Hearing**

Alex Azar, President Donald Trump's pick to take over the top spot of the Department of Health And Human Services, will face his first nomination hearing Wednesday in front of the Senate Committee on Health, Education, Labor, and Pensions.

Stat: 7 Questions For Alex Azar, Trump's Health Secretary Nominee

On Wednesday, Alex Azar, the former drug company executive nominated to take over the country's top health care agency, will face tough questions from the senators who try to keep that department in check. Azar heads first to the Senate Committee on Health, Education, Labor, and Pensions, whose members share jurisdiction on health care issues with the Senate Finance Committee, which will ultimately preside over his official confirmation hearing. (Mershon and Swetlitz, 11/28)

In other news on the administration —

The Hill: Watchdog: VA Centers Failed To Report Potentially Dangerous Doctors  
Five medical centers within the Department of Veterans Affairs failed to report eight potentially dangerous doctors to a national database where such information is collected, according to the results of a government investigation released Monday. The Government Accountability Office found in its of five VA medical centers that 148

providers were reviewed from October 2013 through March 2017 after concerns were raised about their conduct. (Hellmann, 11/27)

## MEDICAID

### **9. N.C. Seeks To Help Pay Doctors' Debts If They Join Medicaid Program**

The proposal is part of a plan the state has submitted to federal officials for approval. The plan would also include moving to a managed care system and adding work requirements for non-disabled adults. In Iowa, the state will move some Medicaid enrollees off the controversial managed care plan, the Republican candidates for governor in Kansas disagree on how to move forward with the Medicaid program there and federal officials are expected to set new requirements for Medicaid purchases of medical equipment.

#### **Modern Healthcare: North Carolina Seeks To Widen Medicaid Network By Paying Docs' Debt**

North Carolina wants to entice more providers to treat its Medicaid population by paying off their debts. The state is also looking at imposing premiums and work requirements on Medicaid enrollees. The proposals were made in an amendment to the state's pending Medicaid waiver that would allow it to shift the program from fee-for service to managed care by 2019. The policy suggestions are also coming at a time when some state lawmakers are mulling Medicaid expansion. (Dickson, 11/27)

#### **Des Moines Register: State To Resume Handling Of 10,000 Iowa Medicaid Members Being Dropped By AmeriHealth**

State administrators will resume direct oversight of Medicaid benefits for some of the 215,000 Iowans who are being dropped this week by a private management company, the state Department of Human Services confirmed Monday. The department posted a statement saying that Iowa Medicaid member who tried to switch from AmeriHealth Caritas to Amerigroup by Nov. 16 "will have coverage through Iowa Medicaid Fee-for-Service." Fee-for-service is the state-run Medicaid system that Iowa used before it made the controversial decision to hire three private companies to run the giant health care program last year. AmeriHealth is leaving the state due to a contract dispute. (Leys, 11/27)

**Wichita Eagle: GOP Candidates Fight Over Health Program Serving 400,000 Kansans**  
A fight between the Republican candidates for governor over the state's privatized Medicaid program could shape what happens to the health care of more than 400,000 Kansans. The next governor could abandon a proposed work requirement for some

recipients of KanCare, which serves people who are poor, elderly or have disabilities. Or he could pursue Medicaid expansion. (Shorman, 11/26)

#### Modern Healthcare: CMS Moves To Reduce Medicaid Spending On Medical Equipment

The CMS will ask the White House for permission to impose a new data collection requirement on Medicaid agencies that will help it reduce their spending on medical equipment. In a Federal Register notice scheduled to publish Tuesday, the CMS said the new program would require Medicaid agencies to submit data showing they are not paying a higher rate than Medicare for durable medical equipment. ... The move is part of the CMS' plan to implement part of the 21st Century Cures Act, which requires the HHS secretary to cap Medicaid reimbursement for durable medical equipment at Medicare payment amounts starting Jan. 1. (Dickson, 11/27)

#### MARKETPLACE

### **10. As Walmart Scoops Up Online Retailers, Workers See Noticeable Change In Health Benefits**

One example is Walmart's recent takeover of Bonobos, where to keep biweekly premiums for workers relatively close to what they pay now, their deductibles will rise from nothing to several thousand dollars per year.

The New York Times: As Walmart Buys Online Retailers, Their Health Benefits Suffer  
The steady growth of e-commerce has been a source of jobs and benefits as employment in traditional stores declines. But at online retailers taken over by Walmart, workers are finding one benefit in retreat: their company-sponsored health coverage. In little more than a year, Walmart has spent nearly \$4 billion acquiring e-commerce companies with thousands of workers. Last month, many learned that their potential out-of-pocket costs for medical expenses would increase in 2018 at a rate far exceeding the overall rise in health care costs — reaching thousands of dollars in many cases. (Scheiber and Corkery, 11/27)

#### WOMEN'S HEALTH

### **11. Following Court Ruling, Arkansas Terminates Planned Parenthood's Medicaid Funding Again**

A panel in August vacated a preliminary injunction against the state's 2015 decision to cut off funds. A full court earlier this month said it would not reconsider that decision.

#### The Associated Press: Arkansas Again Cuts Off Medicaid Funds To Planned Parenthood

Arkansas has again cut off Medicaid funding to Planned Parenthood, the state's Department of Human Services said Monday, following a court ruling upholding the state's decision to defund the group over videos secretly recorded by an anti-abortion group. DHS spokeswoman Amy Webb said the state terminated the group's status as a Medicaid provider last week after the 8th U.S. Circuit Court of Appeals' decision formally took effect. (DeMillo, 11/27)

In other women's health news —

#### New Hampshire Public Radio: N.H. Lawmakers Recommend Pharmacists Prescribe Birth Control

New Hampshire could become one of just a few states that allows birth control pills to be prescribed by pharmacists. A commission appointed by the state legislature voted unanimously last week to endorse the idea. (Ganley and McIntyre, 11/27)

### PUBLIC HEALTH AND EDUCATION

## **12. One Stepfather's Quest: The Search For An Opioid That Won't Lead To Addiction**

Bill Crossman's interest has been captured by a drug that binds to three opioid receptors instead of one and is intended to be superior to the sorts of painkillers that have played a central role in a growing national drug epidemic. Meanwhile, a recent study confirms that prescribing practices have contributed greatly to the crisis.

Stat: How A Stepson's Addiction Drove A Father To Try To Develop A Safer Opioid  
Bill Crossman is an unlikely candidate to run a pharmaceutical firm. The 71-year-old Connecticut businessman had spent decades growing a diverse collection of companies making everything from elevators to eco-friendly products. He had never run a drug company — and had little to no experience in the industry. But Crossman's long-lasting struggle to help his stepson overcome an opioid use disorder drove him to search for answers. A scientist who started Phoenix Pharma Labs, a tiny private drug company, introduced Crossman to an opioid he believed could someday treat pain well without increasing risk of addiction. (Blau, 11/28)

Bloomberg: How Opioids Started Killing Americans

More than half of all people who succumbed to an overdose between 2001 to 2007 were chronic pain sufferers who filled an opioid prescription and sometimes even saw a doctor in the month before they died. Only 4 percent were ever diagnosed as having an abuse problem, said Dr. Mark Olfson, one of five researchers who conducted a massive study of the crisis and its causes for Columbia University Medical Center. The findings of the new study, published Tuesday in the American Journal of Psychiatry, split the epidemic into two groups: those who were diagnosed with chronic pain and those who weren't. In the year before they died, about two-thirds of those studied were diagnosed with chronic pain and prescribed an opioid. (Rausch, 11/28)

### **13. Gene Treatment Touted As Miraculous, Revolutionary Faces One Big Obstacle**

Disabled viruses are a key component of the therapy that may hold the power to cure genetic diseases with a single treatment. But those viruses are costly and hard to obtain. In other public health news: work travel and health problems; the difference between listening to someone's argument versus reading it; therapy for sexual misconduct; and more.

The New York Times: Gene Therapy Hits A Peculiar Roadblock: A Virus Shortage  
Eager to speed development of revolutionary treatments, the Food and Drug Administration recently announced that it would expedite approval of experimental gene therapies. But the regulatory process may not be the biggest obstacle here. Biotech companies have exciting plans to introduce treatments that may be transformative, sometimes curing genetic diseases with a single treatment. And the firms are itching to test their products. (Kolata, 11/27)

Stat: Researchers Work To Make Experimental Phage Therapy Less Of A Long Shot  
The Phage Directory could help shorten the steps for those who are desperately looking for the right virus. [Jessica] Sacher and [Jan] Zheng designed it as a one-stop-shop where researchers could list the kinds of bacteria that might be fought with the different phages they have in their labs. Originally they were going to call it Phagebook, but the domain name was taken. ...Scientists would still have to test the phages against a particular patient's bacteria, and then purify the virus so that it doesn't poison the person with remaining bacterial bits. (Boodman, 11/28)

The New York Times: It's The Grim Reality Of Frequent Work Travel: Health Problems  
Their lives may be portrayed as glamorous. In fact, they're often the opposite. Pity frequent business travelers. Doctors at organizations including the Centers for Disease

Control and Prevention and the International Society of Travel Medicine say they are hearing of a range of health problems in frequent travelers, from insomnia and weight gain to viruses. And they said they see a need for more comprehensive research into the health compromises made by business travelers, both short haul and long haul. (La Gorce, 11/27)

The Washington Post: Science Shows Why It's Important To Speak — Not Write — To People Who Disagree With You

In "The Humanizing Voice: Speech Can Reveal, and Text Conceal, The Presence of a Thoughtful Mind in The Midst of Disagreement" in a recent issue of Psychological Science, Juliana Schroeder of the University of California at Berkeley and faculty at the University of Chicago conducted several experiments exposing volunteers to ideas they agreed or disagreed with. In one, about 300 people watched, listened to or read arguments about war, abortion or music (country or rap — genres people tend to have strong feelings about). Afterward, the volunteers were asked to judge the person who communicated the argument. Those who were exposed to someone they disagreed with tended to "dehumanize" the communicator. That is, they regarded the person as "having a diminished capacity to either think or feel." However, those who listened to the argument, either in a video or audio file, were less dismissive than those who read a transcript of the opposing opinion. (Nutt, 11/27)

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The New York Times: Therapy For Sexual Misconduct? It's Mostly Unproven

The recent surge in accusations of sexual harassment and assault has prompted some admitted offenders to seek professional help for the emotional or personality distortions that underlie their behavior. "My journey now will be to learn about myself and conquer my demons," the producer Harvey Weinstein said in a statement in October. The actor Kevin Spacey announced that he would be "taking the time necessary to seek evaluation and treatment." (Carey, 11/27)

Los Angeles Times: Inspired By Origami, Scientists Build Artificial Muscle That Lifts 1,000 Times Its Own Weight

Scientists at the Massachusetts Institute of Technology and Harvard University have developed a variety of origami-inspired artificial muscles that can lift up to a thousand times their own weight — and yet be dexterous enough to grip and raise a delicate flower. The devices, described in the Proceedings of the National Academy of Sciences, offer a new way to give soft robots super-strength, which could be used everywhere from inside our bodies to outer space. (Khan, 11/27)



Atlanta Journal Constitution: Silent Killer: 5 Reasons To Take A Second Look At Your Blood Pressure

According to the new guidelines, developed by the American Heart Association and American College of Cardiology, nearly half of American adults now suffer from high blood pressure, an increase of 30 million people compared to the previous definition. Often called the "silent killer," high blood pressure often doesn't make people feel ill until it's too late to prevent a heart attack, stroke or significant kidney damage. (Hunt, 11/27)

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WBUR: New Generation Of Transgender Americans Wants To Change Laws, Not Just Minds

More than half of LGBTQ Americans older than 50 say the larger problem is discrimination from individuals. Younger generations say biased laws share the blame. (Bebinger, 11/28)

ProPublica: For Some Victims, Reporting A Rape Can Bring Doubt, Abuse — And Even Prosecution

There are many reasons for women to think twice about reporting sexual assault. But one potential consequence looms especially large: They may also be prosecuted. (Armstrong and Miller, 11/24)

STATE WATCH

#### **14. State Highlights: Calif.'s Hep A Case Count Still Rising, But No New Deaths Reported; Ga. Senate Panel Pushes To Give More Power To Nurses**

Media outlets report on news from California, Georgia, Colorado, Florida, Tennessee, Texas, Minnesota, Iowa and Indiana.

Los Angeles Times: San Diego's Hepatitis A Update: Case Count Climbs, But Death Total Holds At 20

Though they continue to see fewer cases and no new deaths have been reported since Oct. 31, San Diego County supervisors on Monday chose to continue the local health emergency status for the region's ongoing hepatitis A outbreak. Supervisor Ron Roberts noted that, while he considered the latest hepatitis A report from the county Health and Human Services Agency good news, the emergency won't be truly over until new-case rates shrink further. (Sisson, 11/27)

### Georgia Health News: Panel Backs Broader Powers For Advanced Nurses In Rural Areas

A Senate study committee Monday recommended the state allow advanced practice registered nurses (APRNs) broader medical authority if they work in rural, underserved counties. Under current state law, nurse practitioners and other advanced nurses in Georgia can prescribe medications only under a collaborative agreement with a physician. (Miller, 11/27)

### Denver Post: UCHHealth Rolls Out Campaign To Motivate Men To Take Care Of Themselves

November is men's health awareness month, and UCHHealth is spreading the word. The care system launched a campaign called "MANtenance" to address the importance of physical health and stress management and to talk about topics like masculinity — subjects many believe need greater emphasis in modern life. While more men are paying attention to and talking about health issues like prostate and testicular cancer, MANtenance encourages men to focus on and maintain their everyday health, as well. UCHHealth recruited C.J. Anderson of the Denver Broncos, Gabriel Landeskog of the Colorado Avalanche and University of Colorado men's basketball head coach Tad Boyle to serve as spokesmen for the campaign. (Rios, 11/27)

### Miami Herald: UM Hospital Can't Stop Bleeding Money As Costs Soar And Admissions Drop

A recent Securities and Exchange Commission filing for UM shows that the university lost \$94.5 million operating the hospital during the year that ended May 31. That's more than double the \$45 million UM lost on the hospital during the prior year. (Chang, 11/27)

### Nashville Tennessean: Mayor Barry Announces Stakeholder Team For Contentious Nashville General Hospital Overhaul

Two weeks after Mayor Megan Barry abruptly announced plans to end inpatient care at Nashville General Hospital, a new 11-member stakeholder team has formed to guide the administration's final proposal. Barry, in a letter last week to the Metro Council, said she will lean on a committee organized by Meharry Medical College President James E. K. Hildreth to help form a final proposal for the city's safety-net hospital that serves Nashville's indigent population. (Garrison, 11/27)

### Dallas Morning News: In-Home Nurses Provide Personal Care For New Dallas-Area Mothers And Their Children

The Nurse-Family Partnership provides first-time, low-income mothers in Dallas-Fort Worth with a personal nurse from the time they're pregnant until their child's second birthday. The free initiative partners with the WiNGS Dallas center, the Parkland Health

& Hospital System and Tarrant County Public Health services to assign mothers a registered nurse to check on them and their baby at their home. (Limón, 11/27)

Health News Florida: USF Partners With HCA To Train Doctors In West Florida  
The University of South Florida has formed a partnership with a network of hospitals to train more doctors in the Tampa Bay area. The consortium with HCA West Florida could help with the state's looming physician shortage and help the hospital chain keep more qualified doctors in the Tampa Bay area. (Ochoa, 11/27)

Minnesota Public Radio: After The Bullet: HCMC Helps Young Gun Victims Find Their Footing  
On a recent weekday morning, [D'Andre] Alexander glides his wheel chair into an office at HCMC to check in with counselor Farji Shaheer, one of two who staff the hospital's Next Step program. Since 2016, 170 HCMC patients have participated in the program. The majority of whom are, like Alexander, between 14 and 26 years of age, black and have been injured by gun fire. (Williams, 11/27)

The Associated Press: Lawsuit: Iowa School For Juvenile Offenders Misusing Drugs  
Officials at an Iowa school for juvenile offenders are failing to provide adequate mental health care to youth and are instead administering powerful drugs without proper oversight or consent, according to a lawsuit filed Monday by two advocacy groups. Disability Rights Iowa and Children's Rights, a national watchdog group, accuse administrators at the state-run Boys State Training School of giving juveniles "dangerous" psychotropic medications. The groups allege the drugs are used "as a behavioral management tool" they likened to a chemical straitjacket. (Rodriguez, 11/27)

The Washington Post: Nurse Removed From Hospital After Saying White Boys 'Should Be Sacrificed To The Wolves'  
An Indiana hospital system says a nurse is no longer an employee after she was tied to a message on Twitter claiming white women are raising sons "with the HIGHEST propensity to be a terrorist, rapist, racist, killer, and domestic violence all star." Officials at Indiana University Health said over the weekend they were investigating "several troubling posts on social media" that appeared to be made by a recently hired employee identified in news reports as Taiyesha Baker. IU Health spokesman Jason Fechner confirmed Monday that the nurse no longer works at Indiana University Health Methodist Hospital in Indianapolis but he would not say whether she was fired, citing company policies. (Bever, 11/27)

EDITORIALS AND OPINIONS

## **15. Viewpoints: The Problem With Senate Plan To Make Obamacare A Tax-Bill Target; Congress Needs To Act On CHIP**

A selection of opinions on health care from around the country.

**USA Today: GOP Tax Bill Is Just Another Way To Repeal Health Care. Will Coverage Ever Be Safe?**

It has been just two months since the Senate gave up on trying to pass a series of health care bills that Americans had soundly rejected in poll after poll. Yet the same Republican recipe for health care now is back on the table in the form of the lopsided tax bill that the Senate plans to vote on this week. A lot of people get intimidated by the idea of trying to understand the tax bill. It's a shame because, much like congressional budgets, tax bills reveal priorities. (Andy Slavitt, 11/28)

**The Washington Post: How The Republican Tax Cut Plan Goes After Health Care**  
The primary lines of attack on the Republican tax cut plan have been twofold: It redistributes incomes upward, from the middle class to the wealthy, and it significantly raises the debt. These attacks have been potent in the sense that the longer this awful plan sits out there, the less popular it becomes. Unfortunately, contemporary tax policy, Republican-style, is not a representative exercise. It's all about pleasing the rich donor base, posting a win, any win, and shrinking the government at any cost. About that last point, consider the other reason the tax plan is so ill-advised: its potential effect on health care. (Jared Bernstein, 11/27)

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**The New York Times: The Biggest Tax Scam In History**  
Meanwhile, the bill would partially repeal Obamacare, in a way that would sharply reduce aid to lower-income families and raise the cost of insurance for many in the middle class. (Paul Krugman, 11/27)

**Los Angeles Times: On Children's Health Coverage, Congressional Inaction Has Brought Us To The 'Nightmare Scenario'**  
Child healthcare advocates have been warning, and warning, and warning that Congress' delay on reauthorizing funds for the Children's Health Insurance Program places health coverage for as many as 9 million children and pregnant women at risk. But since the funding expired Sept. 30, there has been no action by Congress. (Michael Hiltzik, 11/27)

**The Des Moines Register: Grassley's Passion Is Needed On Children's Health Insurance Program**

[A] dysfunctional Congress is putting insurance for these children in jeopardy. Lawmakers missed a Sept. 30 deadline to extend funding to the popular program. Now it's running out of money for the first time since its creation. ... Officials in nearly a dozen states plan to begin notifying families this week that the health insurance program may come to an end. Iowa expects to have adequate funding for a few more months, but the federal government pays nearly 90 percent of the cost. If Congress fails to act, this state will be faced with finding alternatives, which may include spending millions of additional state dollars we don't have or shuttering our program. So where the heck is Sen. Chuck Grassley? (11/27)

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#### Providence Journal: Governor's Medicaid Cuts Go Too Deep

The legislators passed a budget bill that directed Gov. Gina Raimondo to find \$25 million in "undistributed savings," requiring no legislative oversight and depriving the public the opportunity to weigh in on how the savings would be achieved. In early October, the governor responded, outlining a plan that would draw about 20 percent of those cuts from the state's Medicaid program. Such a large cut is a burden to Rhode Islanders who rely on Medicaid for their care. Worse, the majority of the Medicaid cuts undermine two of the state's most important "Reinventing Medicaid" initiatives — "rebalancing long-term care" and "health-care system redesign." (Linda Katz and Karen Malcolm, 11/27)

#### Forbes: Maine's Medicaid Mistake Could Cost Lives

Maine made history earlier this month by becoming the first state to adopt Obamacare's Medicaid expansion via ballot initiative. The vote could inspire progressive activists in other states to push for similar referenda. Expanding Medicaid to cover childless, able-bodied adults would blow a hole in state budgets while yielding few, if any, public health gains. That's because Medicaid provides such low-quality care that its beneficiaries often experience worse health outcomes than people with no health insurance. (Sally Pipes, 11/27)

#### Stat: Hospitals Need To Earn Their Tax-Exempt Status

At a time when tax reform is at the top of legislative priorities, it is easy to forget that most of the richest and most profitable hospital systems in the United States enjoy tax-exempt status. They were given this in exchange for providing benefits to their local communities, like charity care and medical outreach. However, as Politico's Dan Diamond recently reported about the Mayo Clinic, whether those hospitals serve inner-city neighborhoods or sparsely populated rural areas, they frequently overlook the communities they are required to serve. (Haider Warraich, 11/27)

Louisville Courier-Journal: Tobacco Tax Increase Would Be Win For Kentucky, Business And Health

Recently, a coalition of more than 100 health care, business, education, and health advocacy groups comprising the Coalition for a Smoke-Free Tomorrow called on the Kentucky legislature to raise the state tax on cigarettes by \$1 per pack, with parallel increases in taxes on other tobacco products. (Ben Chandler, 11/24)

Milwaukee Journal Sentinel: Bill Puts UW's Ob-Gyn Program At Risk

But, as ob-gyn residents who are currently training at UW, we are deeply concerned that this stellar program will end — because of proposed legislation introduced by State Rep. Andre Jacque and State Sen. Chris Kapenga. This legislation (Assembly Bill 206 and Senate Bill 154) would eliminate the UW's ability to offer ob-gyn residents training in abortion services as required by the national accrediting body, the Accreditation Council for Graduate Medical Education. (Sierra M. Jansen and Ross Harrison, 11/27)

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## First Edition

Thursday, December 07, 2017

Visit Kaiser Health News for the latest headlines

Today's early morning highlights from the major news organizations.

### **Kaiser Health News: Churning, Confusion And Disruption — The Dark Side Of Marketplace Coverage**

Cyndee Weston can barely remember the last time she didn't have to switch health plans during an Affordable Care Act sign-up season. By her count, she has been on five plans in five years. Every fall, after she has spent months figuring out her insurance plan's deductibles, doctor networks, list of covered drugs and other fine print, she receives notice that the policy will be canceled as of Dec. 31. Because her job doesn't come with insurance, "it's agonizing going through all the plans and trying to compare," said Weston, 55, who has diabetes and a history of melanoma. "Every year it's the same scenario: 'We're not going to renew your policy.'" (Hancock, 12/7)

### **Kaiser Health News: Brokers Tout Mix-And-Match Coverage To Avoid High-Cost ACA Plans**

Health insurance a la carte? As the Affordable Care Act open-enrollment season moves into its final weeks, some consumers looking for lower-cost alternatives are considering a patchwork approach to health insurance. The products may secure some basic protection but leave patients on the hook for high medical bills. (Appleby, 12/7)

**Kaiser Health News: Health Risks To Farmworkers Increase As Workforce Ages**  
That bag of frozen cauliflower sitting inside your freezer likely sprang to life in a vast field north of Salinas, Calif. A crew of men and women here use a machine to drop seedlings into the black soil. Another group follows behind, stooped over, tapping each new plant. It is backbreaking, repetitive work. Ten-hour days start in the cold, dark mornings and end in the searing afternoon heat. (Varney, 12/7)

**Kaiser Health News: Pace Of U.S. Health Spending Slows In 2016**  
U.S. health spending rose to \$3.3 trillion in 2016, but the pace slowed compared to the previous two years as demand for drugs, hospital care and physician services weakened, according to a federal study released Wednesday. The analysis from the Office of the Actuary at the Centers for Medicare and Medicaid Services (CMS) showed a shift from the dramatic escalation in health spending that accompanied the coverage gains in 2014 and 2015 as millions of Americans found insurance under the Affordable Care Act. (Galewitz, 12/6)

**California Healthline: If Your Insurer Covers Few Therapists, Is That Really Mental Health Parity?**

It's been nearly a decade since Congress passed the mental health parity act, with its promise to make mental health and substance abuse treatment just as easy to get as care for any other condition. Yet today, in the midst of the opioid epidemic and a spike in the rate of suicide, patients still struggle to get treatment. (Gold, 12/6)

**The New York Times: Tax Bill Is Likely To Undo Health Insurance Mandate, Republicans Say**

House and Senate negotiators thrashing out differences over a major tax bill are likely to eliminate the insurance coverage mandate at the heart of the Affordable Care Act, lawmakers say. But a deal struck by Senate Republican leaders and Senator Susan Collins of Maine to mitigate the effect of the repeal has been all but rejected by House Republicans, potentially jeopardizing Ms. Collins's final yes vote. (Pear and Kaplan, 12/6)

**The Hill: Study: ObamaCare Bills Backed By Collins Would Lower Premiums**

Two bipartisan ObamaCare fixes being pushed by GOP Sen. Susan Collins (Maine) would reduce premiums by 18 percent in 2019, according to a new study. The study from Avalere, a consulting firm, finds that the two bills would more than cancel out the projected premium increase from repealing ObamaCare's mandate that most individuals purchase health insurance. (Sullivan, 12/6)

**Reuters: Sign-Ups Pick Up In Week Five Of 2018 Obamacare Open Enrollment: U.S.**



The number of people signing up for 2018 Obamacare plans picked up significantly during the fifth week of open enrollment, a U.S. government agency reported on Wednesday, but the number of participants appears to be falling short of last year's numbers with just over a week of enrollment left. For the week ended Dec. 2, the U.S. Department of Health and Human Services said 823,180 people signed up for 2018 Obamacare individual insurance in the 39 states that use the federal government website Healthcare.gov. (Abutaleb, 12/6)

### **The Associated Press: Health Law Sign-Ups Seen As Falling Short Though More Enroll**

Americans are signing up in growing numbers for the Affordable Care Act's subsidized health insurance, the government said Wednesday. But with enrollment season cut in half and just over a week to go, experts say the final tally will likely fall short. About 3.6 million people signed up through Dec. 2 in states served by the federal HealthCare.gov website, according to the Centers for Medicare and Medicaid Services. That's about 20 percent higher than the comparable period last year. (12/6)

### **The Washington Post: Enrollment In ACA Marketplaces Brisk Yet Lags Last Year's Total As Deadline Nears**

The 3.6 million figure is half of the total at the comparable point in the sign-up period for 2017 coverage, according to an analysis by the Washington-based consulting firm Avalere Health. To reach the 9.2 million enrollees that states relying on the federal marketplace had by the final deadline, a huge surge of people would need to take action by the time the season concludes on Dec. 15 or be automatically re-enrolled just afterward. (Goldstein, 12/6)

### **Politico: Politico Survey: Insurers On Pace To Record Obamacare Profits For First Time**

Insurers have finally figured out how to make money in the Obamacare markets: Charge more. After taking a beating for three years, health plans jacked up their rates for 2017, with the average premium on the most popular products rising more than 20 percent. That created sticker shock for many Obamacare customers while putting many insurers on pace to record profits this year for the first time, according to a POLITICO analysis of 31 regional Blue Cross Blue Shield plans, many of which dominate Obamacare markets in their states. (Demko, 12/7)

### **Reuters: Obamacare Insurance Options Dwindle For Neediest U.S. Patients**

Josh Brookhart has four health insurers to choose from in Seattle's King County for 2018, more than many Americans like him who buy coverage on the Obamacare

individual market. Yet none of the plans cover all the complex medical care needed for his seven-year-old son, Gabriel. (12/7)

### **The Washington Post: Ryan Says Republicans To Target Welfare, Medicare, Medicaid Spending In 2018**

House Speaker Paul D. Ryan (R-Wis.) said Wednesday that congressional Republicans will aim next year to reduce spending on both federal health care and anti-poverty programs, citing the need to reduce America's deficit. "We're going to have to get back next year at entitlement reform, which is how you tackle the debt and the deficit," Ryan said during an appearance on Ross Kaminsky's talk radio show. "... Frankly, it's the health care entitlements that are the big drivers of our debt, so we spend more time on the health care entitlements — because that's really where the problem lies, fiscally speaking." (Stein, 12/6)

### **The Hill: Ryan Pledges 'Entitlement Reform' In 2018**

Health-care entitlements such as Medicare and Medicaid "are the big drivers of debt," Ryan said, "so we spend more time on the health-care entitlements, because that's really where the problem lies, fiscally speaking." Ryan said he's been speaking privately with President Trump, who is beginning to warm to the idea of slowing the spending growth in entitlements. (Weixel, 12/6)

### **The Washington Post: Out-Of-Pocket Health Spending In 2016 Increased At The Fastest Rate In A Decade**

U.S. health care spending increased to \$3.3 trillion in 2016, with out-of-pocket health care costs borne directly by consumers rising 3.9 percent — the fastest rate of growth since 2007. The findings, published Wednesday by Health Affairs, are considered the authoritative breakdown of American health care spending and are prepared each year by the Centers for Medicare and Medicaid Services. (Johnson, 12/6)

### **The Wall Street Journal: U.S. Health Spending Rose At A Slower Pace In 2016**

Spending on all health care increased 4.3% in 2016, according to a report Wednesday from the Centers for Medicare and Medicaid Services. That compares with 5.1% in 2014 and 5.8% in 2015. That is still above the historic lows of 2008 through 2013, when health spending grew at an average 3.8% a year. Much of the slowdown in those years has been linked to less use of medical services during the recession and tepid economic recovery. (Armour, 12/6)

### **Politico: VA Cuts Program For Homeless Vets After Touting Trump's Commitment**

Four days after Veterans Affairs Secretary David Shulkin held a big Washington event to tout the Trump administration's promise to house all homeless vets, the agency did

an about-face, telling advocates it was pulling resources from a major housing program. The VA said it was essentially ending a special \$460 million program that has dramatically reduced homelessness among chronically sick and vulnerable veterans. Instead, the money would go to local VA hospitals that can use it as they like, as long as they show evidence of dealing with homelessness. (Allen and Woellert, 12/6)

### **The New York Times: Trump Pick To Head Consumer Safety Board Is Seen As Too Close To Industries**

Ann Marie Buerkle, a commissioner at the federal agency charged with protecting consumers from hazardous toys and products, has seldom voted for a mandatory recall, a maximum fine or a tougher safety standard. In more than four years on the Consumer Product Safety Commission, Ms. Buerkle has opposed limiting dangerous carbon monoxide emissions in portable generators; resisted requiring safety technology on table saws; and disagreed with the other Republican commissioner on the five-member board by rejecting fines against companies that delayed reporting hazards to the agency, as required by law. (Kaplan, 12/6)

### **The New York Times: UnitedHealth Buys Large Doctors Group As Lines Blur In Health Care**

In another example of the blurring boundaries in the health care industry, UnitedHealth Group, one of the nation's largest insurers, said on Wednesday that it is buying a large physician group to add to its existing roster of 30,000 doctors. UnitedHealth's Optum unit will acquire the physician group from DaVita, a large for-profit chain of dialysis centers, for about \$4.9 billion in cash, subject to regulatory approval. DaVita operates nearly 300 clinics across a half-dozen states, including California and Florida. (Abelson, 12/6)

### **The Associated Press: UnitedHealth Is Buying Hundreds Of Clinics In \$5-Billion Deal As Insurers Push Into Patient Care**

UnitedHealth Group Inc., the nation's biggest health insurer, is spending nearly \$5 billion to buy hundreds of clinics, just three days after rival Aetna Inc. announced a tie-up with CVS Health Corp. Minnetonka, Minn.-based UnitedHealth said Wednesday that its Optum segment will buy the DaVita Medical Group from DaVita Inc. in a cash deal expected to close next year. (12/6)

### **The Hill: Democrats Sound Alarm Over CVS-Aetna Deal**

Congressional Democrats are expressing alarm over the proposed merger between CVS Health and a health insurer, fearing it will lead to higher costs and less choice for consumers. CVS Health, a drug store chain, announced over the weekend that it has

agreed to buy Aetna for about \$69 billion in what could be, if approved, the largest health insurance deal in U.S. history. (Hellmann, 12/7)

#### **The Associated Press: Poor Health And High Expectations For Medicaid**

People on Medicaid are more prone to smoke, struggle with depression and obesity, or rate their own health as fair or poor. But that's not the whole story. A new study suggests that low-income Medicaid recipients are also invested in their health, with 4 out of 5 saying they have a personal doctor, 3 out of 5 saying they eat healthy, and nearly half saying they exercise frequently. (12/7)

#### **The New York Times: Birth Control Pills Still Linked To Breast Cancer, Study Finds**

Women who rely on birth control pills or contraceptive devices that release hormones face a small but significant increase in the risk for breast cancer, according to a large study published on Wednesday. The study, which followed 1.8 million Danish women for more than a decade, upends widely held assumptions about modern contraceptives for younger generations of women. Many women have believed that newer hormonal contraceptives are much safer than those taken by their mothers or grandmothers, which had higher doses of estrogen. (Rabin, 12/6)

#### **NPR: Even Low-Dose Contraceptives Slightly Increase Breast Cancer Risk**

In the research published Wednesday in the New England Journal of Medicine, a team of scientists studied 1.8 million women between the ages of 15 and 49. They were looking to see what happened over a stretch of nearly 11 years among women who used hormonal birth control — usually a combination of estrogen and progestin — versus women who relied on non-hormonal contraceptive methods, such as a condom, diaphragm or copper IUD. Unlike most previous research, this study didn't just track the effect of birth control pills. Because their set of data was very large, scientists this time were also able to get a good sense of the impact of various other hormonal methods — including the birth control patch, the ring, and implants as well as hormone-releasing IUDs. (Neighmond, 12/6)

#### **The Washington Post: Gene Therapy Makes A Big Advance Treating Hemophilia B Blood Disorder**

Jay Kondoros used to rush home several times a year after accidentally cutting or bumping himself. There he would inject himself with refrigerated blood-clotting factor to prevent internal bleeding and extensive bruising and swelling. "I was walking on eggshells all the time," said the former aerospace engineer who has a blood disorder called hemophilia B. Then, last year, Kondoros enrolled in a clinical trial, receiving an experimental gene therapy at Children's Hospital of Philadelphia. Almost immediately, he began producing the missing clotting factor. Several weeks later, after he dropped a

heavy box on his shin, he watched a bruise develop and shrink within hours. "Are you kidding me?" he thought. "Life's easy if this is what happens." (McGinley, 12/6)

**The New York Times: Fewer Pain Pills May Be Best Bet After Surgery**

Surgical patients can get as good or better pain relief with a fraction of the amount of opioids typically prescribed, a group of doctors reports. In 170 gallbladder operations from January 2015 to June 2016, they found that patients left the hospital with an average of 250 milligrams of opioids in 40 pills. Within a year, patients had taken an average of 30 milligrams of opioids, sometimes along with Tylenol or ibuprofen. Their median score on a 10-point pain scale was 5. (Bakalar, 12/7)

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**The New York Times: How Exercise Can Make For Healthier Fat**

Exercise could help to make your fat tissue healthier, which, hear me out, is a good thing. According to a timely new study, a single session of exercise may change the molecular workings of fat tissue in ways that, over time, should improve metabolic health. (Reynolds, 12/6)

**NPR: Looking Below The Locks: Teaching Hairdressers To Spot Melanoma**

Of all types of skin cancer, melanoma causes the majority of deaths. When on the scalp it can be especially difficult to catch in a self-examination — when was the last time you examined the top of your head? One person who might be able to help: your hairdresser. While cutting your hair, they've got a great view for a scalp inspection. And they can learn how to spot scary changes, researchers say. (Jochem, 12/6)

**The Associated Press: Home Health Agency Agrees To Pay Massachusetts \$14 Million**

A national home health care agency with six locations in Massachusetts has agreed to pay \$14 million to settle allegations that it improperly billed the state's Medicaid program. Attorney General Maura Healey said in a statement Tuesday that Centrus Premier Home Care Inc., which does business in the state as Maxim Healthcare Services Inc., billed MassHealth for services that were not eligible for reimbursement under state regulations. (12/6)

**The New York Times: Professor: Bad Math Led To \$100 Million Medicare Fraud Tally**

Attorneys for a prominent Florida eye doctor used a statistician to challenge the government's assertion that he stole \$100 million from the federal Medicaid program.

The amount Dr. Salomon Melgen stole will help determine the length of his sentence. The government said its estimate is based on a random sample of 310 patients. (12/6)

### **The Washington Post: Maryland Medical Marijuana Dispensaries Are Already Running Out Of Pot**

Marylanders interested in buying medical marijuana days after the launch of a state-sanctioned program may already be out of luck. Five of seven licensed dispensaries that have opened since Friday said they have completely or almost run out of flower — the raw part of the marijuana plant that is smoked or vaporized — and have limited supplies of other cannabis products. The other two stores are limiting sales to a small group of preregistered patients. (Nirappil, Gregg and Siegel, 12/6)

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Today's early morning highlights from the major news organizations.

**Kaiser Health News: Challenges Abound For 26-Year-Olds Falling Off Parental Insurance Cliff**

Marguerite Moniot felt frustrated and flummoxed, despite the many hours she spent in front of the computer this year reading consumer reviews of health insurance plans offered on the individual market in Virginia. Moniot was preparing to buy a policy of her own, knowing she would age out of her parent's plan when she turned 26 in October. (Heredia Rodriguez, 12/8)

**Kaiser Health News: For Marketplace Customers Who Delay, Auto-Enrollment Could Be Nasty Wake-Up**

Shopping to update your coverage on the health insurance marketplace may be annoying — didn't you just do this last year? But letting the exchange automatically renew your coverage instead could be a big mistake. If you don't like the plan you're auto-enrolled in this year you may be stuck with it in 2018, unlike previous years when people could generally switch. (Andrews, 12/8)

### **Kaiser Health News: Cities, Counties And Schools Sidestep FDA Canadian Drug Crackdown, Saving Millions**

Schenectady County, N.Y., is on track to pay 20 percent less on prescription drugs for its employees this year than in 2003. Flagler County, Fla., expects to save nearly \$200,000 in 2017 on brand-name medicines for its 800 workers, its total drug costs having fallen by 10 percent since last year. Kokomo, Ind., has found a way to save so much money buying drugs that it offers employees a 90-day supply of dozens of popular brand-name medicines for free. (Galewitz, 12/8)

### **Politico: Collins' Obamacare Deal Faces Moment Of Truth**

Sen. Susan Collins is barreling toward yet another health care showdown with her own party. But this time, she might not have the leverage to get what she wants. Republicans who watched Collins lead the rebellion over the GOP's Obamacare repeal effort just three months ago are playing tough on yet another high-stakes bill, wagering they can do without the Maine moderate's swing vote and still claim a narrow year-end legislative win on tax reform. (Cancryn, 12/8)

### **Politico: House Tax Writers Weigh Plan To Suspend Obamacare Insurer Tax**

House Republican tax writers are considering delaying Obamacare's health insurance tax for only limited markets next year, leaving out small businesses and possibly private Medicaid plans, according to sources on and off Capitol Hill. They would suspend it for all markets in 2019. Republicans on the Ways and Means Committee are worried that it will be difficult for the small businesses to send prospective savings from delaying the tax back to consumers. Industry sources, however, say it is possible. (Haberhorn, 12/7)

### **The Wall Street Journal: U.S. Hospitals, Schools Rush To Raise Tax-Free Funds**

Hospitals, universities and nursing homes across the U.S. are rushing to borrow money tax-free—while they still can. Last week, borrowers issued more than \$4 billion in new so-called private-activity bonds, which allow nonprofits and some for-profit firms to raise money for development projects perceived to have a public benefit. That was triple the amount issued during the same week in 2016, according to a Municipal Market Analytics analysis of Bloomberg data, and one of the highest weekly issuances of the past two years. Prices on private-activity bonds have increased this week alongside other municipal bonds. (Gillers and Evans, 12/7)

### **The Hill: Bipartisan Group Of Senators Seek To Block Trump Cuts To Drug Discount Program**

Six senators, including three Republicans, are asking GOP leadership to block a Trump administration rule that slashes funding for a federal drug discount program. The



program, called 340B, requires drug companies give discounts to health-care organizations that serve high volumes of low-income . (Hellmann, 12/7)

**The Hill: Justice Dept. Moving To Probe Planned Parenthood Over Fetal Tissue Practices**

The Justice Department is moving to investigate Planned Parenthood over the organization's fetal tissue practices, according to a letter sent to the Senate Judiciary Committee on Thursday. In the letter obtained by The Hill, the department requests unredacted documents from the panel's 2016 probe into Planned Parenthood over claims that the organization profited off the transfer of tissue and body parts from aborted fetuses to research firms. (Bowden, 12/7)

**The New York Times: Being A Doctor Is Hard. It's Harder For Women.**

It's no secret that medical training is grueling: long hours, little sleep, rigid hierarchies, steep learning curves. It's unfortunate but not surprising, then, that nearly one-third of residents experience symptoms of depression, and more than 10 percent of medical students report having suicidal thoughts. But is it worse for women than men? (Khullar, 12/7)

**Los Angeles Times: America, It's Time To Get Ready For The Flu**

It's the most wonderful time of the year — the time when the flu makes its presence known in the United States. You may not have given influenza much thought, but that's OK — health officials at the Centers for Disease Control and Prevention have been doing it for you. They say the virus had been lying low through October, but that's changed since early November. So far, the dominant strain of influenza here is of a sort that usually produces more misery. It's also the type that's less vulnerable to flu vaccines. Even so, health experts recommend that you get your annual flu shot (or nasal mist), if you haven't done so already. (Kaplan, 12/7)

**The Washington Post: A Mother Got The Flu From Her Children — And Was Dead Two Days Later**

Congress passed a short-term spending deal Thursday, sending to President Trump a bill to avert a partial government shutdown and setting up a heated budget fight later this month. Trump has indicated that he will sign the deal, preventing a government stoppage that had been set to take effect at 12:01 a.m. Saturday. The deal does not resolve numerous debates over domestic spending, immigration and funding for the military that brought the government to the brink of partial closure, leaving party leaders with a new Dec. 22 deadline to keep the government open. (Wootson, 12/7)

### **The Washington Post: Surge In Gun Sales After Sandy Hook Led To Spike In Accidental Gun Deaths, Study Says**

In the days after the horrific shooting at Sandy Hook Elementary School, gun enthusiasts rushed to buy millions of firearms, driven by fears that the massacre would spark new gun legislation. Those restrictions never became a reality, but a new study concludes that all the additional guns caused a significant jump in accidental firearm deaths. The study, published Thursday in the journal *Science*, estimates that the 3 million guns sold in the several months after Sandy Hook caused about 60 more accidental gun deaths than would have occurred otherwise. Children were killed in a third of them — some 20 youngsters, the same number as died at Sandy Hook. (Wan, 12/7)

### **Los Angeles Times: Add At Least 57 To The Number Of Gun-Related Deaths Tied To The Sandy Hook Mass Shooting**

But the aftermath of a mass shooting does not appear to be very good for Americans' safety. New research suggests that the increased availability of firearms after a mass shooting exacts a deadly toll of its own. That toll falls heavily on children, according to the study, which links the spike in gun sales following a mass shooting with an increase in fatal accidents involving firearms. (Healy, 12/7)

### **NPR: Researchers Look For Gun Violence Clues In Google Searches And Background Checks**

In Google search data, the team saw spikes in searches including the terms "clean gun" and "buy gun" immediately following the Newtown shooting. The term "clean gun" is, they argue, an indicator that people may be removing guns they already own from storage in order to clean them. In all, the study concludes that increased gun exposure after Newtown led to an additional 66 accidental shooting deaths in the U.S., a third of whom were children. "It's very challenging to estimate empirically," says Studdert. "If we really wanted to understand the health effects of firearm ownership, we would randomize the ownership of weapons in different households and observe their effects over time. Of course, we can't do that." (Hersher, 12/7)

### **Los Angeles Times: Scientists Use CRISPR To Turn Genes On Without Editing Their DNA**

The revolutionary gene editing tool CRISPR-Cas9 is best-known for helping scientists edit a strand of DNA more precisely and efficiently than ever before. Now, researchers have demonstrated another use for the CRISPR complex: changing what genes are expressed without altering the genome itself. (Netburn, 12/7)

### **NPR: Adults Can Get Type 1 Diabetes, Too**

David Lazarus had just moved to Los Angeles to start a new job as a business and

consumer columnist for the Los Angeles Times when he suddenly developed some of the classic signs of diabetes: extreme thirst, fatigue and weight loss. He dropped close to 15 pounds in 2 weeks. Lazarus was in his early 40s. "The weight loss was the first big red flag. It happened really fast," he says. He consulted a physician who diagnosed him with Type 2 diabetes and recommended a "monastic" low-carb, macrobiotic diet. (Tucker, 12/8)

### **The New York Times: A Comeback For The Gateway Drug Theory?**

If you grew up as part of the D.A.R.E. generation — kids of the 1980s and '90s who learned about drugs from alarmist public service announcements — you know all too well the dangers of so-called gateway drugs. Go to bed with marijuana or beer, you were taught, and risk waking up with cocaine or heroin. Three decades later, scientists and politicians still debate whether using "soft" drugs necessarily leads a person down a slippery slope to the harder stuff. Critics note that marijuana has, in some cases, been shown to actually prevent people from abusing other substances. And even D.A.R.E. now acknowledges that the overwhelming majority of people who smoke pot or drink never graduate to pills and powders. (Quenqua, 12/7)

### **The New York Times: Sifting Through A Life After Suicide**

During a support-group meeting for people left behind by suicide, Hope Litoff realized she was among a group of collectors. "We all had storage spaces of our dead person," said Ms. Litoff, a New York film editor whose sister, Ruth, an artist and photographer, committed suicide in 2008 at the age of 42. ¶ CWe all had the same feelings. We had saved every single thing. The items themselves were too precious to part with, but at the same time, too painful to look at." (Parker-Pope, 12/7)

### **NPR: Why Your Brain Has Trouble Bailing Out Of A Bad Plan**

You're in your car, heading for an intersection. The light turns yellow, so you decide to hit the gas. Then you see a police car. Almost instantly, you know that stomping on the accelerator is a big mistake. But there's a good chance you'll do it anyway, says Susan Courtney, a professor in the Department of Psychological & Brain Sciences at Johns Hopkins University. That's because as one area of your brain is recognizing that police car, other areas have already begun carrying out your original plan to accelerate. (Hamilton, 12/7)

### **The Wall Street Journal: An Unfortunate Memento Of The Total Eclipse: Eye Damage**

For millions of people last summer's solar eclipse was a momentary spectacle, but for one New Yorker the sight of the moon crossing the sun is a vision that may never leave her view, burned as a crescent-shaped scar into her retina. Close-ups of her damaged eye tissue—reportedly the most detailed of their kind—were published online Thursday

in the journal JAMA Ophthalmology by solar retinopathy specialist Avnish Deobhakta and his colleagues at the New York Eye and Ear Infirmary of Mount Sinai. (Hotz, 12/7)

**NPR: Here's What It Looks Like When You Fry Your Eye In An Eclipse**

At least one young woman suffered eye damage as a result of unsafe viewing of the recent total solar eclipse, according to a report published Thursday, but it doesn't appear that many such injuries occurred. Doctors in New York say a woman in her 20s came in three days after looking at the Aug. 21 eclipse without protective glasses. She had peeked several times, for about six seconds, when the sun was only partially covered by the moon. (Greenfieldboyce, 12/7)

**The New York Times: Should You Be Worried About The Arsenic In Your Baby Food?**

Rice cereal is often a baby's first solid food, but it contains relatively high amounts of arsenic, a source of growing concern. Now an advocacy group reports that while the levels of this potentially toxic substance in infant rice cereals have dropped slightly in recent years, rice cereals still contain six times more inorganic arsenic, on average, than infant cereals made with other grains like barley or oatmeal. The new report comes from Healthy Babies Bright Futures, an alliance of scientists, nonprofit groups and private donors that aims to reduce children's exposures to chemicals that may harm developing brains. (Rabin, 12/7)

**The Associated Press: Prosecutors Insist Eye Doc Stole \$136 Million From Medicaid**

Either Dr. Salomon Melgen is one of the biggest Medicare swindlers ever, stealing more than \$100 million from the federal health care program, or a penny ante thief who walked off with \$64,000. Those were the widely contrasting arguments made Thursday by prosecutors and Melgen's defense attorneys as they tried to persuade U.S. District Judge Kenneth A. Marra to sentence the Dominican-born, Harvard-trained doctor to 30 years or something significantly less. (12/7)

**The Associated Press: Woman Claims Surgeon Talked On Cellphone During Operation**

A suburban New York City woman has sued a doctor, claiming he used his cellphone to take a language test while operating on her. The Journal News reports 70-year-old Mary Edwards, of Port Chester, filed a lawsuit Monday in state Supreme Court against Dr. Eric Fishman and his employer, Westmed Medical Group. The lawsuit seeks unspecified monetary damages. (12/7)

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## **Morning Briefing: Summaries Of The News**

**Monday, December 11, 2017**

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### **In This Edition:**

#### **KAISER HEALTH NEWS ORIGINAL STORIES**

- 1. Sen. Collins' Strategy To Stabilize Insurance Market Raises Doubts Among Analysts**
- 2. In Era Of Increased Competition, Hospitals Fret Over Ratings**
- 3. Podcast: 'What The Health?' Is Health Care Spending Still The Hungry, Hungry Hippo?**
- 4. Opioids After Surgery Left Her Addicted. Is That A Medical Error?**
- 5. Retirement's Revolving Door: Why Some Workers Can't Call It Quits**
- 6. Political Cartoon: 'Acid Test?'**

- **HEALTH LAW**
- **7. Heavy Traffic Expected In Last Week Of Shorter Open Enrollment Period**
- **8. With Many Already Exempt From Individual Mandate, Will Repealing It Actually Damage Markets?**

#### **CAPITOL HILL WATCH**

- 9. Tax Credit That Encouraged Development Of 'Orphan Drugs' Likely On Chopping Block**

**10. Critics Slam GOP's CHIP Extension As Providing 'Health Care For Some At Expense Of Others'**

**MEDICARE**

**11. GOP Plans To Revise Medicare Signal Bitter Political Fight In 2018**

**PHARMACEUTICALS**

**12. Fed Up With Drug Cost Sticker Shock, Consumers Finding Medication Online For Nearly Half The Price**

**13. Drugmakers Files Lawsuit Fighting California's Drug Pricing Law**

**QUALITY**

**14. Stats Show Initiative To Cut Hospital Readmissions Is A Success. But Critics Say Numbers Hide Darker Truth.**

**HEALTH IT**

**15. Looking To Compare Prices For Health Care? The Internet Is Not Your Friend**

**PUBLIC HEALTH AND EDUCATION**

**16. Chronic Pain Patients Become Collateral Damage To Crackdown On Opioids**

**17. Buckle Up, This Flu Season Could Be Long And Vicious**

**18. Groundbreaking Drugs Could Revolutionize Cancer Treatment. But There's One Big Hold-Up.**

**STATE WATCH**

**19. Health Officials, Hospitals On High Alert As Wildfires Burn Across California**

**20. State Highlights: Doctor Allowed To Continue To Work At Mass. Health Center Despite Allegations; Troubled Texas Psych Hospital Blasted In Report**

**EDITORIALS AND OPINIONS**

**21. Viewpoints: The Move To 'Trumpcare'; GOP's Threat To Medicare; Opioid Epidemic's Hidden Threat**

**From Kaiser Health News:**

**KAISER HEALTH NEWS ORIGINAL STORIES**

## **1. Sen. Collins' Strategy To Stabilize Insurance Market Raises Doubts Among Analysts**

Even if the Republican from Maine can get her party to go along, her suggestions to bolster the individual insurance market may be too little, too late. (Julie Rovner, 12/11)

## **2. In Era Of Increased Competition, Hospitals Fret Over Ratings**

Hospitals are jockeying for patients and view the many different quality and safety ratings as a keen way to distinguish their services. But when those ratings nosedive, a hospital may retaliate. (Jenny Gold, 12/11)

## **3. Podcast: 'What The Health?' Is Health Care Spending Still The Hungry, Hungry Hippo?**

In this episode of "What the Health?" Julie Rovner of Kaiser Health News, Stephanie Armour of the Wall Street Journal, Alice Ollstein of Talking Points Memo and Margot Sanger Katz of The New York Times discuss new health spending numbers from the federal government, as well as how the year-end legislating in Congress is being complicated by health issues. (12/8)

## **4. Opioids After Surgery Left Her Addicted. Is That A Medical Error?**

Doctors prescribed powerful opioids for a patient after back surgery but gave her little guidance on how to take them safely. Then, she says, they misdiagnosed her withdrawal symptoms. Some experts say this situation is akin to a hospital-acquired condition. (Martha Bebinger, WBUR, 12/11)

## **5. Retirement's Revolving Door: Why Some Workers Can't Call It Quits**

Baby boomers are deciding to return to the workplace because they miss the challenges, the accomplishments — and, most important, the people. (Bruce Horovitz, 12/11)

## **6. Political Cartoon: 'Acid Test?'**

Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Acid Test?'" by Dan Piraro.



Here's today's health policy haiku:

### **THE PATENT CASE THAT HAS PHARMA ON EDGE**

Patent protections  
Perpetually permit  
Pill price pinnacles

- Ernest R. Smith

If you have a health policy haiku to share, please Contact Us and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

## **Summaries Of The News:**

### **HEALTH LAW**

#### **7. Heavy Traffic Expected In Last Week Of Shorter Open Enrollment Period**

"It's more likely than ever that they're going to run into real volume problems in the last week because that's when everybody is going to show up," says Tim Jost, a legal analyst. Friday is the last day for people to sign up for coverage through the federal and some state-run exchanges.

The Associated Press: Deadline Week Crunch For Health Law Sign-Ups Under Trump  
The Trump administration came into office looking to dismantle Barack Obama's health care law, but the Affordable Care Act survived. Now the administration is on the hook to deliver a smooth ending to sign-up season, with a crush of customers expected this week. For millions of eligible consumers time runs out on Friday. (Alonso-Zaldivar, 12/11)

Columbus Dispatch: Final Week For Obamacare Open Enrollment Is Here  
If you need to sign up for health insurance for 2018, you have until next Friday to purchase an individual marketplace plan through Obamacare. With a shorter enrollment

period and other changes, the number of participants is expected to fall short of last year's numbers. (Candisky, 12/8)

#### Concord Monitor: N.H. Enrollment For Health Insurance Appears Similar To Last Year As Deadline Nears

With one week left to sign up for health insurance through the federal marketplace, the number of people enrolling in New Hampshire is roughly equal to last year, although it is unclear what the final tally will be because the enrollment period has been shortened. Most New Hampshire residents have until Friday to buy health insurance through the Health Insurance Marketplace. That deadline comes much earlier than in past years when open enrollment continued through the start of January. (Brooks, 12/10)

#### Texas Tribune: More Texans May Be Left Without Health Insurance After End Of Open Enrollment

Open enrollment for health care under former President Barack Obama's health care law ends Dec. 15, and while current Texas enrollment numbers are up from this time last year, new restrictions under the Trump administration may mean more uninsured Texans. (Allbright, 12/11)

Meanwhile, Americans are struggling with high premiums —

The Associated Press: Price Hikes Push Health Insurance Shoppers Into Hard Choices  
Margaret Leatherwood has eight choices for health insurance next year but no good options. The cheapest individual coverage available in her market would eat up nearly a quarter of the income her husband brings home from the oilfields. The Bryson, Texas, couple makes too much to qualify for Affordable Care Act tax credits that help people buy coverage. But they don't make enough to comfortably afford insurance on their own, even though Paul Leatherwood works seven days a week. (Murphy, 12/10)

#### Des Moines Register: More Iowans Opting For 'Health Sharing Ministries' As Alternative To Increasingly Pricey Insurance

An increasing number of Iowans who face steep health insurance bills are looking at an alternative: faith-based "health sharing ministries," in which religious Americans help each other pay medical bills. The arrangements aren't exactly insurance, but they count as coverage under the federal Affordable Care Act. That means people who join the cost-sharing ministries don't have to pay a federal penalty for going uninsured. (Leys, 12/8)

#### Miami Herald: Millions Gained Coverage Since Obamacare, But Many Are Worse Off As Premiums Soar

As rates skyrocket, and uncertainty over the health law threatens to push premiums even higher, consumers who buy their own coverage and earn too much to qualify for financial aid are bearing the brunt of price increases. ... And rates could spike even higher if Congress and the president repeal the individual mandate that requires eligible Americans to buy health insurance or pay a fine. (Chang, 12/10)

## **8. With Many Already Exempt From Individual Mandate, Will Repealing It Actually Damage Markets?**

Republicans are touting their anticipated victory and Democrats are warning of an oncoming disaster, but experts say it might not actually be that big of a deal if the mandate is repealed.

The Wall Street Journal: Obamacare's Individual Mandate: On Its Way Out, Or Already Gone?

With Congress seemingly on the brink of repealing the Affordable Care Act's centerpiece requirement that most people get insurance or pay a penalty, Democrats are warning such a move would be disastrous, and Republicans are anticipating a sweeping symbolic victory. Senate Republicans included a measure to repeal the mandate in their recently passed tax overhaul; the House didn't, leaving GOP leaders to hammer out a final agreement for the compromise bill they hope to pass by year's end. President Donald Trump on Friday night threw his weight behind the push to strike the mandate, promising a crowd in Pensacola, Fla., that it would soon be gone. (Radnofsky and Armour, 12/10)

In other news —

The Hill: Murkowski Pushes Back On ObamaCare 'Scare Tactics'

Sen. Lisa Murkowski (R-Alaska) is pushing back on Democratic attacks that she is undercutting ObamaCare, saying opponents are simply using "scare tactics." In a question-and-answer video posted on her YouTube page, Murkowski defended her vote for tax reform this month. Murkowski backed a bill that includes language repealing ObamaCare's individual mandate. (Sullivan, 12/8)

Kaiser Health News: Sen. Collins' Strategy To Stabilize Insurance Market Raises Doubts Among Analysts

Sen. Susan Collins (R-Maine), whose vote was pivotal in pushing the GOP tax bill forward last week, thought she had a deal to bolster health care protections in exchange for her support. But it's now far from clear that her strategy to shore up part

of the Affordable Care Act will prevail or that her deal would produce the results she anticipates. (Rovner, 12/11)

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## CAPITOL HILL WATCH

### **9. Tax Credit That Encouraged Development Of 'Orphan Drugs' Likely On Chopping Block**

The credit provided incentive for drugmakers to spend money on creating costly treatments for small populations. The Senate and the House are working out the differences between the two versions of the tax overhaul.

#### **The Wall Street Journal: Tax Overhaul Looks Set To Cut Credits For Drugs Targeting Rare Diseases**

A tax overhaul bill being hammered into its final form by Senate and House Republicans is all but certain to cut tax credits designed to encourage development of "orphan drugs" meant to treat rare diseases afflicting limited numbers of patients. Since 1983, a federal law has allowed fledgling companies to write off 50% of the cost of human clinical studies to develop drugs aimed at small markets of patients who wouldn't otherwise have access to drugs specifically designed for their ailments. The law was designed to address crippling diseases afflicting a few thousand, or fewer, adults and children. (Burton, 12/8)

#### **The Washington Post: 'Very, Very Scary': 8.8 Million Americans Face Big Tax Hike If Republicans Scrap The Medical Deduction**

Anne Hammer is one of millions of elderly Americans who could face a substantial tax hike in 2018 depending on the final negotiations over the Republican tax bill. In her retirement community in Chestertown, Md., it's the big topic of conversation. Hammer is 71. Like many seniors, her medical bills are piling up. There are doctor visits, insurance premiums, drugs, a colonoscopy, a heart scan, an unexpected trip to the emergency room that lasted three days, ongoing monitoring for breast and ovarian cancer that run in her family and the costs of medical staff at her retirement community. Her out-of-pocket medical expenses vary, but she estimates they are about \$20,000 a year. (Long, 12/10)

#### **The Hill: Man With ALS Confronts Flake On Plane Over Tax Bill Vote**

A progressive activist who identified himself as diagnosed with Lou Gehrig's Disease (ALS) confronted Sen. Jeff Flake (R-Ariz.) on an airplane this week over Flake's vote on the GOP tax-reform bill. Activist Ady Barkan, a staffer at the Center for Popular

Democracy, questioned Flake on Thursday after the Arizona Republican voted in favor of the GOP tax-reform bill that passed the Senate in a late-night session last week. Videos of the 11-minute conversation were posted on Twitter. (Bowden, 12/8)

The New York Times: House Vs. Senate: The Tax Changes Up For Debate And How Different Taxpayers Would Fare

Republicans must resolve the differences between the House and Senate versions of their tax overhaul bill before they can pass a final version. Both versions include substantial overall tax cuts for individuals and businesses, but the details vary, resulting in different outcomes for different groups. (Andrews and Parlapiano, 12/8)

The New York Times: Under New Tax Plan, The Cost Of Aging Could Rise

In the coming days, a small group of Republicans will meet in Washington to try to settle a simple question: Should their revised tax bill eliminate a deduction for medical expenses and take away thousands of dollars each year from many people who are sick and, often, old? The two competing tax bills that will form the basis of an attempt at compromise over the coming weeks, one from the House of Representatives and one from the Senate, answer the question differently. The Senate bill would keep a deduction for medical expenses intact. The House bill would kill it off entirely. The more money that people had to spend this year, the more they would lose next year if the House prevails and the deduction disappears. (Lieber, 12/8)

And in other tax news —

The Hill: ObamaCare Fight Could Threaten Shutdown Deal

A fight over ObamaCare is spilling into Congress's December agenda, threatening lawmakers' ability to keep the government open. President Trump signed stopgap legislation Friday aimed at averting a shutdown and keeping the government funded through Dec. 22. The bill allows lawmakers to focus on the next — and seemingly more difficult — negotiating period. (Weixel, 12/9)

The Hill: Cadillac Tax Is Sticking Point For Congress

ObamaCare's "Cadillac tax" has emerged as a sticking point in bipartisan negotiations over delaying certain health-care taxes before the end of the year. Democrats are pushing to delay the "Cadillac tax" on high-cost health plans, which is despised by unions, but Republicans are pushing back and have resisted including the Cadillac tax in the package, sources say. (Sullivan, 12/10)

## **10. Critics Slam GOP's CHIP Extension As Providing 'Health Care For Some At Expense Of Others'**

House Democrats urged congressional leaders not to accept the "highly partisan bill." Outlets report on Medicaid news out of Louisiana and Texas, as well.

**The Hill: Democrats Rip 'Highly Partisan' Bill To Fund Children's Insurance**  
Nearly 100 House Democrats are urging congressional leaders to pass a bipartisan extension of the Children's Health Insurance Program (CHIP). In a letter sent Friday, 99 House Democrats urged leaders of the House and Senate to reject the House-passed CHIP extension and instead work on a bipartisan solution. (Weixel, 12/8)

**The Associated Press: Attorney General Raises Concerns About Edwards Medicaid Plan**

Attorney General Jeff Landry's office is raising "concerns" that Louisiana's governor cannot legally sidestep lawmakers to enter into \$15.4 billion in Medicaid contracts through an emergency process. Sixteen Republican state senators asked Landry to determine if Gov. John Bel Edwards can use emergency provisions to keep five managed-care companies operating services for 1.5 million Medicaid patients. The guidance issued to lawmakers by the GOP attorney general suggests that if the Democratic governor's administration continues services by invoking the emergency statute, the contracts could be subject to legal dispute. (Deslatte, 12/11)

**New Orleans Times-Picayune: Jeff Landry Enters Fight Over Louisiana Medicaid Contracts**

[Assistant Attorney General John Morris] said Edwards, a Democrat, and the Louisiana Department of Health do not have the authority to extend five contracts with private companies for 23 months, as the governor wants, if lawmakers on the Legislature's budget committees won't vote for them. The contract extensions have won the approval of the Senate Finance Committee, but the House Appropriations Committee voted down the arrangements twice in November. (O'Donoghue, 12/10)

**Dallas Morning News: Medicaid Paid \$5.5 Million To Cover Health Care Services For Dead Texans**

The agency that runs Texas' Medicaid program owes the federal government about \$1 million dollars for making payments to cover health care services for dozens of people who weren't alive. The Texas Health and Human Services Commission pays managed care organizations a fixed rate to provide medically necessary services to Medicaid recipients. (Rice, 12/9)

MEDICARE

## **11. GOP Plans To Revise Medicare Signal Bitter Political Fight In 2018**

Key Republicans, including House Speaker Paul Ryan, have said that once they pass their tax bill they would like to turn to restructuring the country's entitlement programs like Medicare, Medicaid and welfare.

Reuters: U.S. Tax Revamp Still Incomplete As Republicans Eye Social Program Cuts  
Even before completing their overhaul of the U.S. tax code, Republicans in Washington have begun turning their attention to changes and possible cuts in the social safety net of government programs for the poor, children, elderly and disabled Americans. President Donald Trump, House of Representatives Speaker Paul Ryan and other Republican officials in recent remarks have made clear that welfare or "entitlement reform," as they often call it, will be a top priority for them in 2018. (Becker, 12/8)

Modern Healthcare: Republicans March Into Democrats' Line Of Fire In Promising To Cut Medicare

During last year's election campaign, candidate Donald Trump and his fellow Republicans surprisingly managed to avoid political damage over proposals in the GOP platform to restructure and cut Medicare and Medicaid. ... But now congressional Republicans seem to be inviting scrutiny of their controversial plans to reform those popular social insurance programs by promising such action immediately after passing tax cut legislation. Political observers say that's a questionable campaign strategy heading into the hotly contested 2018 congressional elections, in which Democrats are considered to have a fighting chance to win control of one or both chambers. (Meyer, 12/8)

Meanwhile, a hospital is nervous about new Medicare rules —

Albuquerque (N.M.) Journal: UNM Braces For Medicare Change

University of New Mexico officials say a planned change to Medicare payments could have a devastating impact on the UNM Comprehensive Cancer Center, eliminating more than \$9 million in annual revenue — or nearly 10 percent of its total budget. A federal rule finalized Nov. 1 and scheduled to take effect Jan. 1 would dramatically reduce drug reimbursement rates for hospitals in the "340B Drug Pricing Program." The program allows qualified hospitals like UNM to buy drugs from the manufacturers at significant discount, while still getting Medicare Part B reimbursements at 6 percent above the average sales price. (Dyer, 12/10)

## PHARMACEUTICALS

### **12. Fed Up With Drug Cost Sticker Shock, Consumers Finding Medication Online For Nearly Half The Price**

Consumers are turning to sites such as GoodRx to see if their prices can beat the ones they get through their insurance. And in some cases they're finding success.

ProPublica and The New York Times: Prescription Drugs May Cost More With Insurance Than Without It

Having health insurance is supposed to save you money on your prescriptions. But increasingly, consumers are finding that isn't the case. Patrik Swanljung found this out when he went to fill a prescription for a generic cholesterol drug. In May, Mr. Swanljung handed his Medicare prescription card to the pharmacist at his local Walgreens and was told that he owed \$83.94 for a three-month supply. Alarmed at that price, Mr. Swanljung went online and found Blink Health, a start-up, offering the same drug — generic Crestor — for \$45.89. (Ornstein and Thomas, 12/9)

ProPublica and The New York Times: How To Save Money On Your Prescription Drugs

If you're willing to do a little extra work, it is possible to lower your prescription bills. A reporter for The New York Times and a reporter for ProPublica both found instances this year in which drugs prescribed for family members could be purchased for less money without using their insurance coverage. (Ornstein and Thomas, 12/9)

In other pharmaceutical news —

Stat: The Way Over-The-Counter Drugs Are Regulated Is A Mess

The Food and Drug Administration has, for years, limited the amount of acetaminophen in any prescription painkiller to 325 milligrams a dose. Yet walk into your local CVS and you'll still find dozens of non-prescription painkillers containing 500, even 650, milligrams of the ingredient. The FDA also requires prescription codeine products to include a warning that they are unsafe for kids under 12. If your local drugstore carries it, you may find non-prescription codeine cough syrups that still list dosing information specifically for children. (Mershon, 12/11)

Bloomberg: The Little Blue Pill: A History Of Viagra

And what a run it was. Approved 19 years ago, Pfizer Inc.'s Viagra ushered in a pharmaceutical and cultural revolution, put the phrase "erectile dysfunction" in the medical mainstream, launched a thousand bad jokes and made friskiness a staple of prime-time television commercials. Bloomberg News spoke to people at the center of the phenomenon. Their comments have been edited for clarity. (Tozzi and Hopkins, 12/11)

### **13. Drugmakers Files Lawsuit Fighting California's Drug Pricing Law**



The drug industry's primary lobbying group is challenging the constitutionality of a California law intended to make prescription drug pricing more transparent.

**The Associated Press: Drug Companies Sue To Block California Drug Price Law**  
Pharmaceutical companies on Friday sued to block a new California law that would require them to give advance notice before big price increases. The law was approved this year in response to consumer outrage over a rise in drug spending and high costs for some prescription treatments, including new Hepatitis C medications and EpiPens to control allergic reactions. (Cooper, 12/8)

**Los Angeles Times: Drug Manufacturers Ask Federal Court To Block California's New Prescription Medicine Transparency Law**  
If successful, the lawsuit by the Pharmaceutical Research and Manufacturers of America could either delay or derail implementation of what supporters predicted would be a major improvement in the transparency of drug pricing. The industry effort argues the state law is unconstitutional. "The law creates bureaucracy, thwarts private market competition, and ignores the role of insurers, pharmacy benefit managers and hospitals in what patients pay for their medicines," said James Stansel, the trade group's executive vice president, in a written statement. (Myers, 12/8)

**Bloomberg: Pharma Lobby Group Sues To Bar California's Drug Price Law**  
The U.S. drug industry's main lobbying group said it filed a lawsuit challenging the constitutionality of a California law meant to make drug prices more transparent. The state law "attempts to dictate national health-care policy related to drug prices in violation of the United States Constitution," the Pharmaceutical Research and Manufacturers of America said in a statement Friday. The California measure, signed in October by Governor Jerry Brown, is among the most aggressive efforts by states to peel back the secretive process of setting drug prices. (Chen, 12/8)

**Stat: Pharma Sues California Over Its New Transparency Law For Drug Pricing**  
In a widely anticipated move, a pharmaceutical industry trade group has filed a lawsuit seeking to stifle a new California law that requires drug makers to explain and justify price hikes. The law has been hailed by supporters as a key attempt to provide transparency into opaque pricing practices amid growing public outrage over the cost of medicines. Not only is the law one of the more comprehensive efforts to address the issue, but California is seen as a bellwether for the rest of the nation and drug makers fear other states will attempt to adopt similar measures. (Silverman, 12/9)

**San Jose Mercury News: Drug Companies Sue California Over Drug Pricing Transparency Law**

Two months after Gov. Jerry Brown signed into law what many consider to be the nation's most comprehensive legislation on transparency in prescription drug prices, the pharmaceutical industry on Friday fired back with a lawsuit challenging its constitutionality. ...The 36-page complaint filed in California U.S. District Court in Sacramento, also says SB 17 — which is scheduled to take effect next month — singles out drug manufacturers as the sole determinant of drug costs, ignores the role other entities play in the costs patients pay for prescription drugs, and will lead to drug stockpiling and reduced competition. (Seipel, 12/8)

#### QUALITY

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#### **14. Stats Show Initiative To Cut Hospital Readmissions Is A Success. But Critics Say Numbers Hide Darker Truth.**

The program -- a part of the Affordable Care Act -- created financial penalties for hospitals whose readmissions exceed the national average for patients with certain ailments. But even though the research shows it helped improve rates, critics say that's because hospitals are taking shortcuts that don't help the patient. Meanwhile, Ascension Health and Providence St. Joseph Health are the latest to spark rumors about a possible merger.

Stat: The Data Are In, But Debate Rages: Are Hospital Readmission Penalties A Good Idea?

The policy, known as the Hospital Readmissions Reduction Program, created financial penalties for hospitals whose readmissions exceed the national average for patients suffering from heart failure, heart attacks, and pneumonia. In recent years it has been expanded to include other conditions. Its aim was to encourage hospitals to deliver stepped-up care to severely ill patients even after they leave the hospital, in the hope of preventing return visits that result in more anguish for patients and skyrocketing costs for everyone else. (Ross, 12/11)

Modern Healthcare: Hospitals And Health Plans Are Increasingly Investing In Consumer-Oriented Services To Stay Competitive.

Hospitals and health plans are increasingly investing in consumer-oriented services to remain competitive as patients and members shop more for their care. Most healthcare executives currently focus at least part of their strategic plan on consumerism, and they expect that will only continue to grow in the years ahead, according to respondents to Modern Healthcare's most recent CEO Power Panel survey. (Castellucci, 12/9)

Kaiser Health News: In Era Of Increased Competition, Hospitals Fret Over Ratings  
For two years, Saint Anthony Hospital here has celebrated its top-rated "A" grade from the national Leapfrog Group that evaluates hospital safety records. But this fall, when executives opened a preview of their score, they got an unwelcome surprise: a "C." Hospitals take their ratings seriously, despite hospital industry experts' skepticism about their scientific methodology and studies showing that scores may not have a huge influence on patient behavior. In a highly competitive market, no one wants to be a "C"-rated safety hospital any more than a "C"-rated restaurant for cleanliness. (Gold, 12/11)

The Wall Street Journal: Hospital Giants In Talks To Merge To Create Nation's Largest Operator

Two major hospital systems are in talks about a possible merger that would create the largest U.S. owner of hospitals, as a series of deals shape up to further consolidate control of the health-care landscape. Ascension and Providence St. Joseph Health, both nonprofits, are talking about combining, according to people familiar with the discussions. A deal would create an entity of unprecedented reach, with 191 hospitals in 27 states and annual revenue of \$44.8 billion, based on the most recent fiscal year. That would dethrone the nation's largest pure hospital operator, HCA Healthcare Inc., which owns 177 hospitals and ended 2016 with \$41.5 billion in revenue. (Evans and Wilde Mathews, 12/10)

Modern Healthcare: Reports: Ascension And Providence St. Joseph In Talks To Merge  
Ascension Health and Providence St. Joseph Health are in talks to merge and create the nation's largest hospital chain, the Wall Street Journal reported on Sunday. A merger between St. Louis-based Ascension and Providence out of Renton, Washington would give the combined not-for-profit entity 191 hospitals in 27 states and annual revenue of \$44.8 billion. The deal would put the merged company ahead of HCA, which has 177 hospitals and reported \$41.5 billion in 2016, according to Modern Healthcare data. (12/10)

Milwaukee Journal Sentinel: Possible Merger Would Put Columbia St. Mary's And Wheaton Franciscan In Largest Hospital Company, Wall Street Journal Reports  
Ascension is in talks to combine with Providence St. Joseph Health, another nonprofit system, in a merger that would create a combined health system with 191 hospitals in 27 states and annual revenue of \$44.8 billion, the Wall Street Journal reported. ...The health system is now the second-largest in Wisconsin. (Hauer and Boulton, 12/10)

And in other hospital news —

Modern Healthcare: CHI-Dignity Will Have To Overcome Some Financial Challenges To Make Their Merger Work.

A Catholic Health Initiatives and Dignity Health combination that would form a not-for-profit powerhouse exemplifies a traditional health system mega-merger under a newly popular two-pronged leadership approach. More than a year after announcing plans to align, CHI and Dignity late last week signed a definitive agreement to merge, potentially creating the nation's largest not-for-profit hospital company. The new health system would include 139 hospitals, more than 159,000 employees and 25,000 physicians and other advanced practice clinicians. (Kacik and Bannow, 12/9)

Minnesota Public Radio: 'They Threw Us To The Wind': Mayo Hospital Closures Rankle Small Towns

Mayo announced this summer that it would close its LeRoy clinic after key staffers left, though its pharmacy remains open. ... This scenario is playing out in towns across the state as Mayo closes or trims service at smaller clinics throughout its Minnesota health care network, leaving some Mayo patients concerned about getting to a doctor and questioning the clinic's commitment to the people in its service area. (Richert, 12/10)

## HEALTH IT

### **15. Looking To Compare Prices For Health Care? The Internet Is Not Your Friend**

New research shows that patients who are trying to be savvy consumers are not going to have much luck if they turn to the internet.

Los Angeles Times: Shopping For Healthcare Online? The Odds Are Stacked Against You

The internet is great place to shop for plane tickets, laundry detergent, artisan jewelry and pretty much anything else you might ever want to buy. But a new report says there's one big exception — healthcare. If you expect the World Wide Web to help you figure out how much you'll need to pay to get your hip replaced, a painful joint isn't your only problem. And if you think Google can tell you the cheapest place to go for a cholesterol test, just type "reality check" into that rectangular search bar. (Kaplan, 12/8)

## PUBLIC HEALTH AND EDUCATION

### **16. Chronic Pain Patients Become Collateral Damage To Crackdown On Opioids**

"Pendulums swing both directions," said Dr. David Thorson, resident of the Minnesota Medical Association. "Sometimes when they are swinging, they go too far." In other news on the crisis: a lawsuit claims McKesson didn't audit controls for painkillers; the FDA is being urged to crack down on medications touting that they ease addiction side effects; with shortage on execution drugs, states are starting to eye opioids; and more.

The Star Tribune: The Other Side Of The Opioid Debate: What To Do About The Pain? This month, the Minnesota Department of Human Services rolled out stringent opioid prescribing guidelines, including a plan to track doctors and warn or sanction those who are too liberal with prescriptions. ...While none of the guidelines outlaw opioids for chronic pain, they might have spooked some doctors into cutting prescriptions and persuaded health insurers to impose limits that can create havoc for patients already on high doses of the drugs. (Olson, 12/9)

Bloomberg: McKesson Records Show Failed Opioid Oversight, Lawsuit Says McKesson Corp.'s board failed to audit the company's system to spot suspicious shipments of opioid-based painkillers even after agreeing to do so as part of a settlement, according to a summary of board minutes unsealed Friday in a shareholder lawsuit. The suit, filed in October, alleges that McKesson directors paid scant attention to oversight of opioid sales after a 2008 settlement centering on the company's insufficient monitoring of such shipments. The directors also disclaimed any responsibility for the growing opioid epidemic, seeing it as a "matter of public policy to be addressed by the federal and state governments," the investor said in another unsealed portion of the complaint. (Melin and Feeley, 12/8)

The New York Times: Supplements Claiming To Ease Opioid Addiction Come Under Scrutiny

Chris Beekman, whose company sells the dietary supplement Opiate Detox Pro, does not understand what all the fuss is about. "If it works, it works," Mr. Beekman, the owner of NutraCore Health Products, said in an interview. "If it doesn't, it doesn't." His customers, addicts trying to shake a dependence on opioids, can always get their money back, he said. (Kaplan, 12/8)

The Washington Post: States To Try New Ways Of Executing Prisoners. Their Latest Idea? Opioids.

The synthetic painkiller fentanyl has been the driving force behind the nation's opioid epidemic, killing tens of thousands of Americans last year in overdoses. Now two states want to use the drug's powerful properties for a new purpose: to execute prisoners on death row. As Nevada and Nebraska push for the country's first fentanyl-assisted

executions, doctors and death penalty opponents are fighting those plans. They have warned that such an untested use of fentanyl could lead to painful, botched executions, comparing the use of it and other new drugs proposed for lethal injection to human experimentation. (Wan and Berman, 12/9)

Kaiser Health News: Opioids After Surgery Left Her Addicted. Is That A Medical Error? In April this year, Katie Herzog checked into a Boston teaching hospital for what turned out to be a nine-hour-long back surgery. The 68-year-old consulting firm president left the hospital with a prescription for Dilaudid, an opioid used to treat severe pain, and instructions to take two pills every four hours as needed. Herzog took close to the full dose for about two weeks. (Bebinger, 12/11)

Richmond Times-Dispatch: Needle Exchange Programs Have Yet To Get Off The Ground, Lack Statewide Law Enforcement Support Nearly six months after syringe services programs, known as needle exchanges, became legal in Virginia in an effort to curb surging rates of hepatitis C, the Department of Health has yet to receive a single application to launch one from any of the 55 eligible districts. (O'Connor, 12/11)

## **17. Buckle Up, This Flu Season Could Be Long And Vicious**

It's still too early to predict, but there have been indicators that it's going to be a rough ride this year.

NPR: In The U.S., Flu Season Could Be Unusually Harsh This Year Health officials are warning that the United States may have an unusually harsh flu season this year. But they stress that flu seasons are notoriously difficult to predict, and it's far too early to know for sure what may happen. The concern stems from several factors, including signs that the season started a few weeks earlier than usual. "When you have an early start with regional outbreaks, that is generally not a good sign," says Anthony Fauci, who directs the National Institute of Allergy and Infectious Diseases. "Sometimes that's the forerunner of a serious season." (Stein, 12/8)

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Arizona Republic: Flu Season Hitting Arizona Hard And Early This Year The Arizona Department of Health Services has reported 1,143 cases of influenza, spanning all 15 counties, so far this flu season. One infant has died in Maricopa County. State data shows significantly more flu cases this year than at this time last year. (Del Rio, 12/8)

Wyoming Public Radio: Influenza Activity Increases In Wyoming

Flu numbers are rising in Wyoming, with the highest levels reported in the southwestern corner of the state. The Wyoming Department of Health's Kim Deti said people should keep common-sense measures in mind to help slow or prevent spreading the flu. (Mullen, 12/8)

Cleveland Plain Dealer: Flu Season Is Getting Worse, Ohio Department Of Health Urges Flu Shot

Two hundred and fifty-seven Ohioans have been hospitalized for the flu so far this season, above the five-year average for this period. But the Ohio Department of Health says it's not too late to get a vaccine to prevent the illness. (Segall, 12/8)

Georgia Health News: Got That Shot Yet? Flu Season Could Be Rough Here, Data Show

Georgia is one of seven states overall — most of them in the Southeast — that have reported “widespread” flu activity, according to a new CDC report, tracking the week ending Dec. 2. ...The Georgia Department of Public Health said Friday that there have been 47 influenza-associated hospitalizations in the eight-county metro Atlanta area so far this season. (Miller, 12/9)

The New York Times: The Next Flu Pandemic Will Appear When You Least Expect It  
If a new flu pandemic emerges, it may be easy to spot. The epidemic is most likely to appear in spring or summer, researchers have found — not in the midwinter depths of the flu season. Normally flu strikes in winter, when children are crowded into classrooms and the air is cold and dry — ideal for transmitting the influenza virus. But historically, that has not been true of the great flu epidemics. (McNeil, 12/8)

## **18. Groundbreaking Drugs Could Revolutionize Cancer Treatment. But There's One Big Hold-Up.**

Only a small percentage of patients are willing to test them out. In other public health news: the dangers of blinds; the link between sugary diets during pregnancy and asthma; vaping; probiotics; the human brain; yoga; and more.

PBS NewsHour: Cancer Treatment Progress Stunted By Lack Of Volunteers

As recent years have seen great progress in treating cancer, the country's second leading cause of death with almost 600,000 people dying from it last year, American researchers are struggling to keep the momentum. While they have developed more than 2,000 immunotherapy drugs, only five percent of patients are willing to test them. (Booker, 12/10)

NPR: Window Blind Cords Still Pose A Deadly Risk To Children

Andrea Sutton, a mom in Firestone, Colo., was trying to put her 3-year-old son Daniel down for a nap, but he wasn't having it. It was January, too cold for him to burn off much energy outside, and he was restless. She read him some books to settle him down and then left him to fall asleep. She returned with her 4-year-old daughter a little while later to check on him. They found him hanging from the cord of the window blinds, wearing like a necklace the V-shaped strings above a wooden knob that lowers when the blinds go up. (Haelle, 12/11)

The New York Times: Sugary Diet During Pregnancy May Increase Asthma Risk In Children

Women who consume lots of sugar during pregnancy may increase the risk for asthma in their children, researchers report. Previous studies have suggested that poor diet and obesity are linked to the current increases in childhood asthma. This new study, in the Annals of the American Thoracic Society, implicates sugary drinks and fructose, or fruit sugar. (Bakalar, 12/8)

The New York Times: Some Older Smokers Turn To Vaping. That May Not Be A Bad Idea.

Jeannie Cox currently enjoys a flavor called Coffee & Cream when she vapes. She's also fond of White Lotus, which tastes "kind of fruity." She buys those nicotine-containing liquids, along with her other e-cigarette supplies, at Mountain Oak Vapors in Chattanooga, Tenn., where she lives. A retired secretary in her 70s, she's often the oldest customer in the shop. Not that she cares. What matters is that after ignoring decades of doctors' warnings and smoking two packs a day, she hasn't lit up a conventional cigarette in four years and four months. (Span, 12/8)

NPR: Could Probiotics Protect Kids From A Downside Of Antibiotics?

It's a typical hectic morning at Michele Comisky's house in Vienna, Va., when she gets a knock on her front door. "Hi, how are you?" Comisky says as she greets Keisha Herbin Smith, a research assistant at Georgetown University. "Come on in." Comisky, 39, leads Herbin Smith into her kitchen. (Stein, 12/11)

The Washington Post: Tour The Magnificent Ins And Outs Of The Human Brain

Your brain may be the most miraculous thing about you. Think about it: Its processing power would put the most powerful computer to shame. It's the control center for a dizzying number of physical tasks. And it makes you you — not bad for a big lump of grayish matter. So why not feed your brain by learning more about it? It's easy, thanks to the Harvard Brain Tour, a virtual journey through brains' 9 innate capacities and the discoveries they've prompted throughout the century. (Blakemore, 12/10)



The Washington Post: More Older People Are Doing Yoga, But They Are Also Racking Up Injuries

Yoga may hold a key to aging well, suggests a growing body of research into its potential benefits for body and mind. 50 benefits that include reducing heart rate and blood pressure, relieving anxiety and depression, and easing back pain. One recent study even raised the possibility of positive changes in biological markers of aging and stress in people who do yoga. So it's no surprise that the number of yoga practitioners in the United States has more than doubled to 36.7 million over the last decade, with health benefits the main reason people practice, according to the Yoga in America Study conducted last year on behalf of Yoga Journal and the Yoga Alliance. (Krucoff, 12/10)

NPR: This Year, Consider Giving Presence Instead Of Presents

During the holiday season, many of us feel pressure to find our loved ones the "perfect" gift. Why? Because gift-giving has long been considered a prime way to express love. However, recent research suggests that gestures don't need to be large or have a hefty price tag to feel meaningful. The study, published this summer in The Journal of Social and Personal Relationships, suggests that small acts of kindness, not grand overtures, make people feel most loved and supported. (Fraga, 12/9)

San Francisco Chronicle: Scientists Aim To Wipe Out Dementia And Other Diseases Of Aging

In 1997, when Japanese researchers accidentally discovered a gene variant that appeared to speed up aging in lab mice — which they stumbled upon while conducting an unrelated study on high blood pressure — they named it Klotho. ...[Dena] Dubal's lab runs one of dozens of research initiatives under way at Bay Area universities, institutions and biotech firms — some funded by a new influx of venture capital — that show promise that modern medicine may be able to eradicate or prevent diseases for which aging is the biggest risk factor. (Ho, 12/8)

San Francisco Chronicle: Skip The Pillbox — The Answer To Taking Your Medicine Might Be In Your Hand

American adults who grew up without the Internet and once didn't see the value in getting a smartphone or downloading dozens of apps are increasingly seeking out new technologies. ...But one major challenge: The employees creating the app are often a couple of generations distant from their user base. (Thadani, 12/8)

California Healthline: Reverberations From War Complicate Vietnam Veterans' End-Of-Life Care

Many of Ron Fleming's fellow soldiers have spent the last five decades trying to forget

what they saw — and did — in Vietnam. But Fleming, now 74, has spent most of that time trying to hold onto it. He's never been as proud as he was when he was 21. Fleming was a door gunner in the war, hanging out of a helicopter on a strap with a machine gun in his hands. He fought in the Tet Offensive of 1968, sometimes for 40 hours straight, firing 6,000 rounds a minute. But he never gave much thought to catching a bullet himself. (Dembosky, 12/11)

## STATE WATCH

### **19. Health Officials, Hospitals On High Alert As Wildfires Burn Across California**

Officials advise that people limit their outdoor activity, close windows and use air conditioning that recirculates inside air to avoid the negative health consequences of the fires.

Los Angeles Times: Southern California's Hospitals Prepare For The Worst As Embers Ignite Throughout The Region

Hospitals across Southern California reported that high numbers of patients with breathing problems caused by this week's wildfires visited emergency rooms. Health officials in Ventura, Los Angeles and Santa Barbara counties warned of high pollution levels caused by smoke. The microscopic particles in smoke can penetrate deep into the lungs, creating a hazard for those who already have heart or lung problems such as asthma, emphysema or COPD. (Karlamañgla, 12/8)

Los Angeles Times: Polluted Air, Health Problems Brought By Southern California Fires Are Expected To Linger

A week of major wind-whipped fires across Southern California has caused significant air pollution and health problems. The air quality is worst in and around fires burning from Ventura County to San Diego County, but the smoke has traveled to places not threatened by the flames. And with the Santa Ana winds dying down, officials say the smoke could stick around for a while. (Karlamañgla and Vives, 12/9)

PBS NewsHour: How Smoke From California's Fires Is Harming The Most Vulnerable  
Climate change-focused research published in the journal Environmental Research Letters a year ago concluded smoke could send 30 more people to hospitals across the West each year during the late 2040s than was the case 40 years earlier as smoke waves become more frequent and severe, mostly in the late summer and early fall. ...Impacts could be heavy in parts of central Colorado and Washington — and in Southern California. (Upton and Wheeling, 12/9)

## **20. State Highlights: Doctor Allowed To Continue To Work At Mass. Health Center Despite Allegations; Troubled Texas Psych Hospital Blasted In Report**

Media outlets report on news from Massachusetts, Texas, California, Colorado, Texas and Missouri.

**Boston Globe: For Years, Fenway Health Center Kept Prominent Doctor Accused Of Harassment, Bullying**

Fenway Community Health Center permitted a doctor accused of sexually harassing and bullying employees to continue working there for four years after the first serious complaint was filed in 2013, according to interviews with current and former employees and documents reviewed by the Globe. (Healy and Pfeiffer, 12/8)

**Boston Globe: Fenway Health CEO Resigns Under Pressure Over Handling Of Sex Harassment Complaints**

The chief executive of Fenway Community Health Center resigned Sunday, under pressure from the board of directors, employees, and donors over his handling of complaints that a prominent doctor had allegedly sexually harassed and bullied staff members there for years. (Healy and Pfeiffer, 12/10)

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**Dallas Morning News: 'Immediate Jeopardy': How Safe Are Kids At State-Monitored Timberlawn Psych Hospital?**

Two years ago, Texas threatened to shut down Timberlawn psychiatric hospital over severe safety problems that investigators said put patients in jeopardy. Instead, the state decided to let the Dallas hospital stay open but to monitor it more closely. Yet on the state's watch, Timberlawn has had many of the same problems — and at least one new one, according to interviews and inspection records obtained by The Dallas Morning News. (Mervosh and Ambrose, 12/10)

**Boston Globe: Partners HealthCare Reverses Financial Loss**

Partners HealthCare, the state's largest health system, recovered from the worst financial loss in its history to record a profit this year after a turnaround in its insurance business, Neighborhood Health Plan. In the 2016 fiscal year, Partners lost \$108 million on operations, driven almost entirely by losses at Neighborhood, a Medicaid insurer that Partners acquired in 2012. (Dayal McCluskey, 12/8)

Bloomberg: Clover Health Loses Co-Founder Ahead Of Expansion Outside New Jersey  
Clover Health, an insurance startup propelled by Silicon Valley money, is losing one of its two founders. The setback comes about six months after an investment that valued the company at more than \$1 billion. Kris Gale told employees last month that he's stepping away from his role as chief technology officer but will remain an adviser. He didn't detail a reason for his departure, which he said would be official at the end of January. "Getting to this point took a lot out of me, and because of that, I can better serve Clover as an adviser going forward," he wrote in a message to staff reviewed by Bloomberg. (Huet, 12/8)

Denver Post: Colorado Divide: In Rural Colorado, Doctors Are Retiring And Dying — And No One Is Taking Their Place.

Nationally, fewer than 10 percent of the nation's physicians practice in a rural area — even though such areas hold 20 percent of the U.S. population. In Colorado, there are 13 counties — all rural — that do not have a hospital, including two without even a clinic. Two counties, including Crowley, don't have a single doctor. As a result, rural Coloradans face greater barriers to receive care. Ratios of patients to providers are higher in rural areas than in urban. A Colorado Health Institute survey from earlier this year found that rural Colorado counties have the longest wait times for patients trying to see a general-practice doctor or a specialist. (Ingold, 12/10)

PBS NewsHour: Health Concerns Swirl In Texas Months After Floods From Harvey Spread Toxic Waste

Three months after Hurricane Harvey struck the shores of Texas, some local environmental groups say they are in the dark about the safety of federal Superfund sites damaged during the storm. (Regan, 12/10)

## EDITORIALS AND OPINIONS

### **21. Viewpoints: The Move To 'Trumpcare'; GOP's Threat To Medicare; Opioid Epidemic's Hidden Threat**

A selection of opinions on health care from news outlets around the country.

Huffington Post: Republicans Can't Kill Obamacare, So They're Turning It Into Trumpcare

Republicans haven't figured out how to kill the Affordable Care Act. But they are transforming it into a weaker, less efficient and more dysfunctional version of itself. ... The tax cut bill Senate Republicans passed earlier this month would eliminate the individual mandate, a key piece of the program's architecture that requires people to

get insurance or pay a penalty to the government. If final legislation includes the same provision, and if the legislation becomes law, then fewer people will have insurance and premiums will be higher, according to experts in and outside the government. (Jonathan Cohn, 12/10)

The New York Times: Susan Collins And The Duping Of Centrists

Collins said that she would vote for the recent Senate tax bill so long as Republicans leaders promised to pass other legislation — in the near future — that would reduce the bill's knock-on damage to health care programs. ... Her colleagues assured her they would pass the bills she wanted — not immediately but soon after the tax bill had passed. ... Within days of the Senate vote on the tax bill, conservative House Republicans started saying that they didn't care about her deal. She did not make it with them, and they do not feel bound by it as they negotiate the bill's final language with the Senate. These House members, as Politico put it Friday, have decided to "thumb their nose" at Collins. (David Leonhardt, 12/10)

CNN: Paul Ryan's Plans For Medicare Are Scary

Confirming the warnings and worst fears of progressives, House Speaker Paul Ryan made it plain this week: the ultimate aim of Republican lawmakers -- and their number one priority in January -- is to shrink the Medicare program that provides health insurance to the elderly and disabled. ... That's code for resuming a decades-long fight against government-supported health care by conservatives, who fought bitterly against the creation of Medicare in 1965 and have been trying to cripple or kill the program ever since. (Errol Louis, 12/8)

Bloomberg: Trump Is A No-Show In The Fight Against Opioids

The opioid epidemic should command focused attention even from our policy-averse president. It's America's worst drug crisis, especially severe in the working-class and rural communities that supported President Donald Trump. Its solution involves spending money, which supposedly doesn't faze Trump, and tougher actions against drug companies, which he's vowed to take. (Albert R. Hunt, 12/8)

Reuters: The Hidden Health Crisis Of The Opioid Epidemic

The American epidemic of opioid abuse is finally getting the attention it warrants. While policy solutions continue to be inadequate, the decision by President Trump to declare a national opioid emergency has helped to increase discussion about the problem and how the country can solve it. But the conversation also needs to address a dangerous -- and largely ignored -- interconnected public health crisis wreaking havoc among young Americans. The problem is that more Americans than ever are injecting opioids and inadvertently infecting themselves with hepatitis C. Shared needles mean shared

blood-borne infections – and that's how the opioid crisis has created a new generation of hepatitis C patients. (Robert Greenwald, Ryan Clary, 12/7)

The New York Times: Birth Control And Breast Cancer: Putting The Risk In Perspective  
[T]his past week there were big headlines about a new study that linked contraceptive pills and other hormonal birth control to an increased risk of breast cancer. Some news articles stressed the risk of a commonly used medication. Others, like the one by Roni Caryn Rabin in The New York Times, carefully placed the numbers in context to explain that the absolute risk is very small. (Relative risk is the percentage change in one's absolute risk as a result of some change in behavior.) I would go even further. This was a prospective cohort study, meaning it was an observational study that followed women over time and saw what happened to them naturally. The data set didn't allow for adjusting for some factors that could also be associated with breast cancer .... The study found only an association, and not causal proof you might obtain from a randomized controlled trial. (Aaron E. Carroll, 12/10)

WBUR: Does Cancer Screening Save More Lives Overall? Not Necessarily  
The problem is that while some individuals will have their lives saved by early cancer detection, if every person were to undergo screening, there would likely be no lives saved overall. It's counterintuitive — but it's what the evidence says. (Benjamin Mazer and John Mandrola, 12/8)

Los Angeles Times: CVS And Aetna Say Their Massive Merger Is Needed To Keep Prices Down. That Remains To Be Seen  
American consumers aren't the only ones struggling with higher healthcare costs. CVS Health's proposed \$69-billion purchase of health insurer Aetna is driven in part by the companies' efforts to get control over more of the costs they face, and to make their operations more efficient. The question for regulators, though, is whether the combination results in a company that uses its clout to help consumers or squeeze more dollars out of them. (12/11)

Modern Healthcare: Financial Engineering Won't Solve Healthcare's Cost Woes  
The architects of the slew of major healthcare deals announced in the past week offered a common rationale: The combinations will lower costs and improve care. Yet a closer examination of the deals suggests these hookups merely tinker around the edges of the major drivers of healthcare spending. And, for the two deals hatched on Wall Street, a good argument can be made that they are more motivated by the profits that come from financial engineering than the savings that can be derived from lowering the cost of care. (Merrill Goozner, 12/9)

Huffington Post: Health Care Measures Everything Except What Really Matters To Seniors

As board chair of a community hospital, I am often confronted with the dozens of quality and safety measures that state and federal regulators use to score and pay us, and private organizations use to rate us. And as someone who works to improve the quality of care for older adults, I am struck by how much all these measures miss when it comes to what really matters for seniors. ... These ratings are often described as measuring quality and safety. In truth, they really measure only safety. And they are much more likely to focus on process than on outcomes. That's not surprising because process is so much easier to track, especially for older adults. Falls can be counted. Happiness cannot. (Howard Gleckman, 12/6)

Modern Healthcare: The Consumer Is Wielding Greater Power, But Hospitals Aren't Ready, CEOs Say

Hospitals and health plans are increasingly investing in consumer-oriented services to remain competitive as patients and members shop more for their care. Most healthcare executives currently focus at least part of their strategic plan on consumerism, and they expect that will only continue to grow in the years ahead, according to respondents to Modern Healthcare's most recent CEO Power Panel survey. (12/9)

WBUR: Medical Science Should Learn To Tap The Urgency Of Families Desperate To Save Loved Ones

The first day I worked as a doctor, I experienced the most intense sense of loss and failure of my entire career. And I began to learn a lesson that I've needed 30 years to fully appreciate. It is this: Even the most conscientious physician can never care as much as a family member whose beloved child or spouse or parent is dangerously ill. So if we are wise, we doctors and scientists will learn to tap that urgency born of their love to help our patients. (Isaac Kohane, 12/8)

San Antonio Press-Express: Back Off On Raising Smoking Age

The San Antonio City Council is considering raising the legal age to purchase tobacco products from 18 to 21. This proposal is flawed on many levels. It sends young people a troubling message about adulthood and the role of government, it will not serve the stated purpose of limiting tobacco use, and it will hurt San Antonio businesses. (Anwar Tahir, 12/10)

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